

METERING KEY FORM

Instructions

This form shall be initiated by the applicant, with endorsement from their authorising manager (from a registered Metering Provider).

All applicants must be Metering Provider representatives.

The following must be completed in full.

Applicant name (print full name)

Applicant Seal ID

Metering Provider business name and ABN

Metering Provider address

Metering Provider manager name and phone number

Is applicant working on behalf of a registered meter provider undertaking metering works?

Select one: Yes / No

Applicant Declaration

I hereby acknowledge that:

- I understand I am required to keep the key secure at all times. Should the key become lost, damaged or stolen, I will report this to Evoenergy as soon as possible.
- I will use this key only for work purposes.
- I will use this key in accordance with the rules set out in the Evoenergy Electrical Safety Rules.
- I will conform to the requirements of Evoenergy Keys Procedure PO02137.
- I shall not use any keys issued for metering purposes on point of entry cubicles or Evoenergy assets.
- I will return any keys issued to me as outlined by the usage policy or as requested by Evoenergy.

Applicant's Name: _____

Applicant's Signature: _____ **Date:** _____