

Application for change of consumption conditions

Owner

Name* _____

ID-code/business registry code* _____

Address* _____

Phone* _____

E-mail* _____

Contact person _____
if it is different from the owner or there is an authorized legal person

Object details

Street/house/apartment* _____

County/city* _____

Postcode* _____

Cadastral identification number _____

The building is*

existing

new

Type of building*

apartment

house

terraced house

apartment building

else _____

Existing gas equipment*

gas boiler

gas stove

gas water heater

else _____

Additional planned gas equipment*

____ gas boiler
____ gas stove
____ gas water heater
____ else _____

Removable gas equipment*

____ gas boiler
____ gas stove
____ gas water heater
____ else _____

Planned gas consumption per hour(m³/h)* _____ Heated area (m²)* _____

Planned start of consumption _____

Additional information _____

Date

Signature

**required field*