

Application for gas reopening

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 _____

There is a valid*

____ sales contract

____ network contract

____ do not know

Reason for requesting reopening*

____ reopening after temporary closure

____ else _____

Reopenable gas equipment*

____ gas boiler

____ gas stove

____ gas water heater

____ else _____

Scheduled date and time of opening of gas consumption _____

Additional information _____

Date

Signature

**required field*