

APPLICATION FOR TRANSPORTATION OF HIGH LOAD

TO BE COMPLETED BY CONTRACTOR

To: NETWORK CONTROLLER Permit No: _____ Date: _____

From (Company) _____

Address: _____

Phone: _____ Fax: _____ Cell Phone: _____

Please note: Where applicable the applicant or company agrees to pay all charges made by Electricity Ashburton Ltd in respect to this application.

Load Information:

Maximum load height From the road metres: _____ Maximum Load Width metres _____

Load travelling from Address: _____

Load travelling to Address: _____

Type of Load: _____ Load Width at Highest point metres _____

Date of Relocation: _____ Start Time: _____

Estimated Time entering Electricity Ashburton network Area: _____

Proposed Route to be followed: _____

I verify the above details: Name _____ Signed: _____

TO BE COMPLETED BY THE NETWORK CONTROLLER:

The proposed route is acceptable: We will need / not need to escort this load

The proposed route is not acceptable and the following changes are required. _____

Network Controller Name _____ Signed _____ Date: _____