

Application for connection to the gas network

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

___ apartment building

___ house

___ else

___ terraced house

Proposed gas equipment*

___ gas boiler

___ gas stove

___ gas water heater

___ else _____

Current heating method*

___ wood/peat/coal

___ electricity

____ air source heat pump
____ ground source heat pump
____ fuel oil
____ district heating
____ else _____

Heated area (m²)* _____

Planned start of consumption * _____

Additional information _____

Date

Signature

**required field*