

**TRANSPORTATION SERVICE ENQUIRY /
HISTORICAL INFORMATION REQUEST
(COS 1)**



GPRO

SECTION 1 APPLICANT DETAILS

APPLICANT ID _____

NAME OF APPLICANT (Mandatory) _____

AUTHORISED OFFICER (Mandatory) _____

CONTACT PHONE NUMBER (Mandatory) _____

APPLICANTS own REF. (Optional) _____

Applying as; Shipper and Supplier Shipper only¹ Supplier only

Enquiry for transportation services? YES / NO Historical consumption information request? YES / NO

SECTION 2 END USER DETAILS

NAME OF END USER (Mandatory) _____

ADDRESS OF SITE (Mandatory) _____

Gas Point Registration Number (GPRN) (Mandatory)	Meter Location (Optional)	Meter Serial Number ²

SECTION 3 END USER AUTHORISATION (Mandatory)

I hereby authorise Gas Networks Ireland to

- (a) offer the party in Section 1-transportation terms in respect of the site detailed in Section 2
 - (b) provide historical consumption information to the party in Section 1, for the site detailed in Section 2
- (delete (a) or (b) above if not required)

Authorising Person _____ Title / Position _____

Contact Address _____

Phone: _____ e-mail: _____

Signature: _____ Date: _____

Return this form to: GPRO, Gas Networks Ireland Transportation, PO Box 51, Gasworks Road, Cork.
Fax number: +353 21 453 4123, Telephone: 1800 427261, Email: gpro@gasnetworks.ie

Notes

- 1 If you are making an enquiry for a transportation service and have ticked the 'Shipper Only' box, the name and address of the relevant supplier must be submitted with this form.
- 2 Optional information.