

Acknowledgement of Turn-on / Re-commissioning of Gas Supply

Date: _____

Retailer Reference Number: _____

To : Retailer

Gas supply to:

(Project Name)

(Address of Premises / Development)

Dear Sir

I acknowledge that gas supply has been *Turned-On / Re-commissioned to the abovementioned gas installation.

Date: _____

Time: _____ hr.

Type of gas: *Natural Gas / Town Gas

Nominal pressure: _____ kPa / Bar* gauge

I have informed all relevant parties that gas has been turned-on/re-commissioned to the gas installation and that the gas installation is pressurized with gas and should not be tampered with.

(Signature of Designated Representative)

(Name)

(*NRIC/ Passport No.)

Copy given to: Name/Company/Signature

(Please tick appropriate box)

Owner _____

MCST _____

Main Contractor _____

Consultant _____

Others _____

*: delete where not applicable