



ON COMPLETION OF THIS FORM PLEASE FORWARD TO THE ADDRESS BELOW OR SUBMIT VIA EMAIL:

UNISON NETWORKS LIMITED 1101 Omaha Road, PO Box 555, Hastings 4156 Fax (06) 873 9393 Email: outage.coordinator@unison.co.nz

HIGH LOAD 0800 286 476 www.unison.co.nz

CUSTOMER REQUEST FORM

FOR APPROVAL OF TRANSPORT OF HIGH LOAD THROUGH NETWORK AREA

APPLICANT TO COMPLETE

PLEASE PROVIDE A MINIMUM OF 15 WORKING DAYS' NOTICE BEFORE THE DATE YOU INTEND TO TRAVEL.

Request made by: Date:

Business Address:

Phone No. Fax No. Contact Name:

Cell No. Email Address:

Type of Load: Load height from road: metres

Load Width: metres Load width at highest point: metres

Desired travel route:

.....

Contractor's pilot:

Date of load travel: Time of entry into network area: hours

Date of load travel: Time of entry into network area: hours

Estimated travel period: hours

Estimated travel period: hours

The company making this request agrees to pay all charges made by Unison Networks Limited in connection with the transport of this load.

APPLICANT'S AUTHORISED OFFICER: (print name) (sign) (date)

Check box if you are attaching supporting imagery

APPROVAL OF TRANSPORT OF HIGH LOAD THROUGH NETWORK AREA

UNISON TO COMPLETE

Approval of running height of load:	Yes	No
Escort contact details phone:	Escort	No Escort
Transport accompaniment conditions:		
.....		
.....		

Unison's Authorised Officer: (print name) (sign) (date) (permit No)