



CABLE LOCATION REQUEST

Invoicing Information to be filled out on application ↓		Site where Location is to take place to be filled in on application ↓	
Name:		Address:	
Address:			
		Name of Person if on site:	
Contact Phone Number:		Phone Number:	
Date of submission to Electra:		Date Required:	Time Required:
Email completed Request to: heathera@electra.co.nz			