



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: servicerequests@electra.co.nz