**IGT Emergency Service Application Form Schedule 5**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Application:** | Click or tap to enter a date. | | **IGT Name:** |  | | | | |
| **Distribution**  **Network** | Choose an item. | | **IGT Contact Name:** |  | | | | |
|  | | | **IGT Contact**  **Telephone Number:** |  | | | | |
| **IGT Billing Address:** |  | | | | |
| **Site Information** | | | | | | | | |
| **IGT Reference:** |  | | **SGN Reference:** | P | |  | | |
| **Site Address:** |  | | | | | | | |
| **Site Postcode:** |  | | | | | | | |
| **Co-ordinates of Connection Point:** | E |  | | N |  | | | |
| **Is Pipework Operating Pressure <= 2 barg? (Yes/No)** | | | | Choose an item. | | | | |
| **Material Specification of Pipework** | | | | Choose an item. | | | | |
| **Xoserve Data** | | | | | | | | |
| **Details of Primary Connected CSEP** | | | | | | | | |
| **CSEP ID:** | f | | | | | | | |
| **IGT Shortcode:** | f | | | | | | | |
| **CSEP Exit Code:** | f | | | | | | | |
| **Nested Sites Only** | | | | | | | | |
| **Name of Primary Connected IGT:** |  | | | **SGN Reference of Primary Connected Site:** | | | p |  |
| **Nested CSEP ID:** |  | | | | | | | |
| **Nested IGT Shortcode:** |  | | | | | | | |
| **Nested CSEP Exit zone:** |  | | | | | | | |

*A Site Boundary Drawing is required for all nested sites.*

*Please return form to SGN email address: igt.schedule.5@sgn.co.uk*