

TS105 Part C - Project Details - Major Project Works

For Major Project Work		TS105 Part D must be submitted with this form at least 10 business days prior to commencement.								
Please fill in SA Power Networks Project Details:										
	Project/Job ID:					Project Date	:			
Pr	oject/Job Name:					Stage	:			
Cust	omer/Applicant:									
	Project Location:									
	Depot Name:									
Please fill in SA Power Networks Responsible Project Officer/Manager's Details:										
Project Officer / Manager's Name:										
	Contact Phone No				Mobile No) :				
	Email Address	}								
Additional Information/Comments: Use attachments if required.										
Please fill in Contractor's Details:										
rieus	Business Name									
Reni	resentative's Name									
Street Number:			Street Name:							
Suburb:							Post Code:			
Contact Phone No:										
		;			Mobile N	lo:				
					Mobile N	lo:				
Pleas	Contact Phone No		Details (!	f Applicable		lo:				
Pleas	Contact Phone No Email Address	ontractor's L	Details (I	f Applicable		lo:				
	Contact Phone No Email Address se fill in Secondary C	ontractor's L	Details (I	f Applicable		lo:				
	Contact Phone No Email Address se fill in Secondary C Business Name	ontractor's L		f Applicable eet Name:		lo:				
Repi	Contact Phone No Email Address se fill in Secondary C Business Name resentative's Name	ontractor's L				lo:				
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Repi	Contact Phone No Email Address See fill in Secondary Co Business Name resentative's Name Street Number rb Name/Post Code	ontractor's L):					
Repi	Contact Phone No Email Address Se fill in Secondary Co Business Name resentative's Name Street Number rb Name/Post Code Contact Phone No	ontractor's L):					
Repi Subu	Contact Phone No Email Address Se fill in Secondary Co Business Name resentative's Name Street Number rb Name/Post Code Contact Phone No	ontractor's l	Str	eet Name:): Mobile N	lo:	pelow:			
Repi Subu	Contact Phone No Email Address Se fill in Secondary C Business Name resentative's Name Street Number rb Name/Post Code Contact Phone No Email Address	ontractor's l	Str	eet Name:): Mobile N etworks' Re	lo:		ırks.com.au		
Repr Subu	Email Address Se fill in Secondary C Business Name resentative's Name Street Number rb Name/Post Code Contact Phone No Email Address This form shall be for	ontractor's l	Str	eet Name:): Mobile N etworks' Re	lo: epresentatives as		orks.com.au		

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