

**contact 1**

Title Forename Surname Job Title

Is this a 24-hour contact? Yes

No

**please provide details if contact 1 is not available 24-hours**

Title Forename Surname Job Title

**please provide details if contact 1 is not available 24-hours**

Title Forename Surname Job Title

Emergency

Contact Form

As part of the network code, the relevant transporters require emergency contact details for all sites which consume over 25,000 therms (732,000kWh) of gas per annum. **It is your responsibility to provide this information.**

You can complete this form electronically. Simply type in boxes provided and save as a PDF. Alternatively, you can print the blank form and complete by hand.

If you have multiple sites please request a multi-site emergency contact form.

Please return the form by email, post or fax to the Contract Negotiator responsible for your contract.

If the contract is only 24 hours please provide 1

If the contract is not 24 hours please provide 3

**site details**

Site Reference

MPR Number

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|  | Tel no. Fax no.E-mail |  |
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|  | Tel no.Fax no. E-mail |  |
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