Form H/02:

Request for a contribution offer for a meter to be installed at an unmeasured supply point

Form H/02: Request for a contribution offer for a meter to be installed at an unmeasured supply point

For use by Retailers

To Wholesaler	

This form should be used where the Retailer wishes to have a meter installed in relation to an eligible premises which receives Unmeasured or Assessed Water Services and/or Sewerage Services, where it has previously been deemed to be impractical to install a meter, and wishes to request a Contribution Offer, under Process H2 of the Operational Terms, from the Wholesaler to assist with any works required to make the installation of a meter at the said eligible premises practical, consistent with its Wholesale Tariff Document.

The form is divided into sections as follows

Number	Section
1.	Retailer details
2.	Supply Point details
3.	Domestic water use at Supply Point
4.	Other water use and other information
5.	Consent to contact the Non-Household Customer
6.	Declaration

All sections of this form are mandatory.

Mandatory means that the Retailer must provide the requested information wherever it applies to the particular request. If a piece of information does not exist or is not applicable in the circumstances, the Retailer must note this and, where relevant, provide a reason why it is not applicable.

1. Retailer details		
Retailer name		
Retailer ID		
Retailer's own reference		
Contact name		
Contact number		
Contact e-mail		
Contact o mail		
2. Supply Point details		
Please note one Form H/02 should b	pe completed for each Supply Point.	
SPID		
VOA BA Ref, (if not available please	provide a reason)	
LIDDN (if not available places provide		
UPRN, (if not available please provid	ue a reasuri) 	
Address of Supply Point		
Secondary Addressable Object		
Primary Addressable Object		
Address line 1		
Address line 2		
Address line 3		
Address line 4		
Address line 5		
PAF Address Key (if available)		
Postcode		
Customer Name		
Customer Banner Name		
Hours of business worked at site		
Reason for submission of this form.	Please indicate below	
Request by Retailer		
☐ Change of Retailer		
☐ Change of activity or tenancy		
Resubmission of form		

*Date of last request for a contribution (if known)		
3. Domestic water use at supply point		
3.1 Employees		
Please specify how many people are working at the premises to which the Supply Point relates		
No. Full Time No. Part Time No. Seasonal		
Average Annual Full Time Equivalent ¹		
3.2 Water Use		
Please specify which of the following domestic water facilities are used at the premises to which the Supply Point relates		
Toilets and Wash Hand Basins		
☐ Staff Showers		
☐ Staff Canteen		
4. Other water use and other information		
Other water use includes any use not detailed above in 3.2.		
Is the water used for any use other than canteen or employee toilet or shower facilities?		
☐ Yes ☐ No		
If yes, please specify nature of use		
Other information to support the application.		

 $\label{eq:annual Full-Time Equivalent} \textbf{Average Annual Full-Time Equivalent} = \underline{ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ } \underline{ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ } \underline{ \ \ \ \ \ \ } \underline{ \ \ \ \ \ \ } \underline{ \ \ \ \ \ } \underline{ \ \ \ \ \ \ \ } \underline{ \ \ \ \ \ \ \ } \underline{ \ \ \ \ \ \ \ \ } \underline{ \ \ \ \ \ \ \ } \underline{ \ \ \ \ \ \ \ } \underline{ \ \ \ \ \ \ } \underline{ \ \ \ \ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ \ \ } \underline{ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ } \underline{ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ } \underline{ \ \ \ } \underline{ \ \ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ \ \ } \underline{ \ \ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \ } \underline{ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \$

¹ Full Time Equivalent - A full time employee is expected to work 1800 hours per annum (8 hours per day, 5 days per week, 52 weeks per year with 35 days leave). The number of full time equivalent employees should therefore be calculated as follows:

5. Consent to contact the Non-Household Customer The Wholesaler may wish to contact the Non-Household Customer to arrange a visit to the premises. Please indicate whether you give consent for the Wholesaler to contact the Non-Household Customer directly to arrange a visit to the premises. Yes Please provide contact details below No Customer Contact Details Contact name at premises Contact number Please indicate if you want to be notified of the date of the visit Yes No No 6. Declaration I hereby acknowledge and declare that the information provided in this form is correct and up to date at the date of submission Signature Date (dd/mm/yyyy)	Is there a Trade Effluent Consent associated with the premises to which this Supply Point relates?		
5. Consent to contact the Non-Household Customer The Wholesaler may wish to contact the Non-Household Customer to arrange a visit to the premises. Please indicate whether you give consent for the Wholesaler to contact the Non-Household Customer directly to arrange a visit to the premises. Yes Please provide contact details below No Customer Contact Details Contact name at premises Contact number Please indicate if you want to be notified of the date of the visit Yes No No 6. Declaration I hereby acknowledge and declare that the information provided in this form is correct and up to date at the date of submission Signature Date (dd/mm/yyyy)	☐ Yes ☐ No		
The Wholesaler may wish to contact the Non-Household Customer to arrange a visit to the premises. Please indicate whether you give consent for the Wholesaler to contact the Non-Household Customer directly to arrange a visit to the premises. Yes Please provide contact details below No Customer Contact Details Contact name at premises Contact number Please indicate if you want to be notified of the date of the visit Yes No 6. Declaration I hereby acknowledge and declare that the information provided in this form is correct and up to date at the date of submission Signature Date (dd/mm/yyyy)	If yes, please provide the Discharge Point Identification		
The Wholesaler may wish to contact the Non-Household Customer to arrange a visit to the premises. Please indicate whether you give consent for the Wholesaler to contact the Non-Household Customer directly to arrange a visit to the premises. Yes Please provide contact details below No Customer Contact Details Contact name at premises Contact number Please indicate if you want to be notified of the date of the visit Yes No 6. Declaration I hereby acknowledge and declare that the information provided in this form is correct and up to date at the date of submission Signature Date (dd/mm/yyyy)			
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Contact name at premises Contact number Please indicate if you want to be notified of the date of the visit Yes No Contact number Please indicate if you want to be notified of the date of the visit Yes No No I hereby acknowledge and declare that the information provided in this form is correct and up to date at the date of submission Signature Date (dd/mm/yyyy)	□ No		
Contact number Please indicate if you want to be notified of the date of the visit Yes No Contact number Yes No No I hereby acknowledge and declare that the information provided in this form is correct and up to date at the date of submission Signature Date (dd/mm/yyyy)	Customer Contact Details		
Please indicate if you want to be notified of the date of the visit Yes No Comparison I hereby acknowledge and declare that the information provided in this form is correct and up to date at the date of submission Signature Date (dd/mm/yyyy)	Contact name at premises		
No Compared to the provided in this form is correct and up to date at the date of submission Signature Date (dd/mm/yyyy)	Contact number		
No Comparison Comparison Declaration I hereby acknowledge and declare that the information provided in this form is correct and up to date at the date of submission Signature Date (dd/mm/yyyy)	Please indicate if you want to be notified of the date of the visit		
6. Declaration I hereby acknowledge and declare that the information provided in this form is correct and up to date at the date of submission Signature Date (dd/mm/yyyy)	□ Yes		
I hereby acknowledge and declare that the information provided in this form is correct and up to date at the date of submission Signature Date (dd/mm/yyyy)	□ No		
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date at the date of submission Signature Date (dd/mm/yyyy)	6. Declaration		
Date (dd/mm/yyyy)			
	Signature		
Full name (in capitals)	Date (dd/mm/yyyy)		
1 7	Full name (in capitals)		
Role in the company or job title			