

**Form H/03:**

**Request for a review of assessed  
or unmeasured charges**

# Form H/03: Request for a review of assessed or unmeasured charges

For use by Retailers

**To Wholesaler**

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This form should be used

- where Assessed Charges apply at an eligible premises and the Retailer wishes make an application for a review of such charges under Process H3 of the Operational Terms; or
- where Unmeasured charges apply at an eligible premises and the Retailer wishes to make an application for Assessed Charges under Process H3 of the Operational Terms.

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 .....

## 2. Supply Point details

Please note one Form H/03 should be completed for each Supply Point.

SPID .....

VOA BA Ref, (if not available please provide a reason)  
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UPRN, (if not available please provide a reason)  
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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
- Assessment following a period of vacancy
- Review of Unmeasured Charges

- Resubmission of form
- Challenge of assessment proposal made by the Wholesaler

\*Date of last request for any assessment (if known)

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### 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<sup>1</sup> .....

#### 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 .....

Estimated volume of water used .....

(please attach details in support of your calculations)

<sup>1</sup> 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:

$$\text{Average Annual Full-Time Equivalent} = \frac{\text{Total hours worked per annum for all employees at Supply Point}}{1800}$$

Other information to support the application.

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Is there a Trade Effluent Consent associated with the premises to which this Supply Point relates?

Yes

No

If yes, please provide the DPID .....

## 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

## 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) .....

Full name (in capitals) .....

Role in the company or job title .....