

**Form H/02:**

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

## Change History

Version Number	Date of Issue	Reason for Change	Change Control Reference	Sections Affected
Draft 20150714	14 July 2015	For pre-vendor MAP		All
ICP Housekeeping	25 August 2015	Non -material housekeeping changes	ICP/WRC/CP001	All
20150930	30 September 2015	For post-vendor MAP		
ICP Operational Forms – Consistency Alterations	13 October 2016	Changes to reflect ICP Change Proposal ICP/WRC044	ICP/WRC044	2
20161013	13 October 2016	For 20161013		As per ICP/WRC044

# 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** .....

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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 .....

## 2. Supply Point details

Please note one Form H/02 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)

.....

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)

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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 .....

Other information to support the application.

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<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:

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

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

- Yes                       No

If yes, please provide the Discharge Point Identification .....

## 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 .....