

Form H/02:

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

September 2015

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		

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

2. Supply Point details

Please note one Form H/02 should be completed for each Supply Point.

SPID

Address of Supply Point

Building number

Building name

Address line 1

Address line 2

Address line 3

Town

Postcode

Customer banner name

*Contact name at site (if available)

*Contact number at site (if available)

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 Equivalent¹

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.

.....
.....
.....
.....
.....

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

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:

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

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