

Form F



**Meter Service Request Form**  
**For Use by Licensed Providers**

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**1. Licensed Provider Details:**

Licensed Provider \_\_\_\_\_

Licensed Provider's own Reference \_\_\_\_\_

Licensed Provider ID: \_\_\_\_\_

Contact name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Contact e-mail: \_\_\_\_\_

**2. Premises Details:**

Supply Point ID \_\_\_\_\_

Address of premises: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Contact name at premises (if available): \_\_\_\_\_

Contact number (if available): \_\_\_\_\_

**3. Meter Service Requested**

*Please tick as required and provide reason for the request:*

	<b>Service Requested</b>	<b>Reason for Request</b>
	Meter accuracy test	
	Meter repair	
	First Meter Installation	
	Change of Meter	

**3.1 Services at metered premises:**

Meter type: \_\_\_\_\_

Meter make: \_\_\_\_\_

Meter size: \_\_\_\_\_

Meter serial number(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Meter pit number: \_\_\_\_\_

Meter location: \_\_\_\_\_

**3.2 First or new meter installation:**

*(Please also fill in the Appendix A – Meter Size Data Assessment Sheet)*

Size of connection required for business use:

- |       |                          |      |                          |
|-------|--------------------------|------|--------------------------|
| 25mm  | <input type="checkbox"/> | 32mm | <input type="checkbox"/> |
| 63mm  | <input type="checkbox"/> | 90mm | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |      |                          |

If other please specify: \_\_\_\_\_  
\_\_\_\_\_

**4. Special Requirements:**

Please outline special needs requirements as appropriate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Consent to Contact Non-household Customer:**

Scottish Water may wish to contact the Non-Household Customer to arrange a visit to the premises. In such circumstances Scottish Water will inform the Licensed Provider of the arrangements prior to any visit. Please indicate whether you give consent for Scottish Water to contact the Non-Household Customer directly to arrange a visit to the premises?

Yes:

Where consent is given to contact the Non-Household Customer, please provide contact details under section 2 of this form.

**6. Your Details:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**[date of Operational Code]**

Full name (in capitals): \_\_\_\_\_

Role in the company or job title: \_\_\_\_\_