

**Form K**



**Verification of Supply Point(s) Request**  
**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 (SPID): \_\_\_\_\_  
Address of premises: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_  
Contact name at premises: \_\_\_\_\_  
Contact number: \_\_\_\_\_

**3. Supply Points to be Verified:**

**3.1 Services to be verified:**

Please indicate all services provided at the premises:

Water Connection:	<input type="checkbox"/>	Roads Drainage:	<input type="checkbox"/>
Sewerage Connection:	<input type="checkbox"/>	Property Drainage:	<input type="checkbox"/>
Services to Caravans:	<input type="checkbox"/>	Metered Water:	<input type="checkbox"/>
Troughs and Drinking Bowl Connections:	<input type="checkbox"/>	Metered Sewerage:	<input type="checkbox"/>

Outside Taps:  Other:   
if other, please specify: \_\_\_\_\_

Please indicate all services required to be verified:

Water Connection:	<input type="checkbox"/>	Roads Drainage:	<input type="checkbox"/>
Sewerage Connection:	<input type="checkbox"/>	Property Drainage:	<input type="checkbox"/>
Services to Caravans:	<input type="checkbox"/>	Metered Water:	<input type="checkbox"/>
Troughs and Drinking Bowl Connections:	<input type="checkbox"/>	Metered Sewerage:	<input type="checkbox"/>
Outside Taps:	<input type="checkbox"/>	Other:	<input type="checkbox"/>

if other, please specify: \_\_\_\_\_

### 3.2 Services at metered premises:

For verification of meter details, please provide any meter details that you have on your records:

	Meter 1	Meter 2	Meter 3
Meter type:	_____	_____	_____
Meter make:	_____	_____	_____
Meter size:	_____	_____	_____
Meter serial number:	_____	_____	_____
Meter pit number:	_____	_____	_____
x,y coordinates:	_____	_____	_____

Meter 1 Location: \_\_\_\_\_  
\_\_\_\_\_

Meter 2 Location: \_\_\_\_\_  
\_\_\_\_\_

Meter 3 Location: \_\_\_\_\_  
\_\_\_\_\_

**3.3 Reasons for request:**

Please provide the reason(s) for the request or any information to assist the query (i.e. why services are thought to differ from records held):

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**4. Additional Information:**

Please provide any additional information where appropriate:

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**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:

No:

**6. Your Details:**

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

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

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