



Verification of Supply Point(s) Request
For Use by Licensed Providers

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):

4. Additional Information:

Please provide any additional information where 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:

No:

6. Your Details:

Signature: _____

Date:

Full name (in capitals): _____

Role in the company or job title: _____

7. Scottish Water - Response to investigation (Findings of inspection)

This section is to be completed following the site investigation and ensures the requisite information is captured at the site visit and passed to the Licensed Provider.

<u>Findings of inspection</u>	<u>Response</u>	<u>Mandatory / Optional</u>
<u>Date of visit</u>		<u>Mandatory</u>
<u>Meter read on date</u>		<u>Mandatory</u>
<u>x/y coordinate</u>		<u>(Mandatory, if different from market data)</u>
<u>Meter make</u>		<u>(Mandatory, if different from market data)</u>
<u>Meter serial</u>		<u>(Mandatory, if different from market data)</u>
<u>MeterID at CMA</u>		<u>(Mandatory, if different from market data)</u>
<u>Digits (black and red) eg 5, 2</u>		<u>(Mandatory, if different from market data)</u>
<u>Location</u>		<u>(Mandatory, if different from market data)</u>
<u>Meter physical size</u>		<u>(Mandatory, if different from market data)</u>

Where optional information has changed please note if visit will lead to :

<u>Update in market data set (Yes / No)</u>	
<u>If yes (expected date of transaction, dd/mm/yy)</u>	
<u>Charge to Licensed provider for visit (Yes / No)</u>	