Reassessment Request Form
For Use by Licensed Providers

1. **Licensed Provider Details:**

   Licensed Provider: ________________________________

   Licensed Provider ID: ________________________________

   Licensed Provider’s own Reference: ________________________________

   Contact name: ________________________________

   Contact number: ________________________________

   Contact e-mail: ________________________________

2. **Supply Point Details:**

   Please note: one Reassessment Request Form should be completed per Supply Point. Properties with a single Supply Point ID and multiple tenancies should include details of all tenants on one Reassessment Request Form.

   Supply Point ID (SPID): ________________________________

   Address of Supply Point: ________________________________

   Postcode: ________________________________

All fields on the form are mandatory unless otherwise indicated *
*Contact name at site (if available): ________________________________

*Contact number at site (if available): ________________________________

Hours of Business worked at site: ________________________________

Reason for submission of Reassessment Request Form:

- Request by Scottish Water □
- Request by Licensed Provider □
- Change of use/tenancy □
- Change of Licensed Provider □
- Periodic review □
- Resubmission of Form □

*Date of last request (if known): ________________________________

3. **Domestic Water Use at Supply Point**

3.1 **Employees**

Please specify how many people are working at the Supply Point:

No. Full Time: _______ No. Part Time: _______ No. Seasonal: _______

Average Annual Full Time Equivalent\(^1\): _______

3.2 **Water Use**

Please specify which of the following domestic water facilities are used at the Supply Point:

- Toilets and Wash Hand Basins □
- Staff Showers □
- Staff Canteen □

\(^1\) 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:

\[
\text{Average Annual Full-Time Equivalent} = \frac{\text{Total hours worked per annum for all employees at Supply Point}}{1800}
\]
4. **Non-domestic Water Use**

Non-domestic water use at a Supply Point includes any use not detailed above in 3.2. Examples of non-domestic water use include but are not limited to; dishwashers and sinks to support hotels, guest houses, restaurants, cafés or public houses; sinks for food preparation within bakeries and butcher shops; washing machines in laundrettes; specialist water-using equipment in dental surgeries or medical practices; vehicle washing facilities.

Is water used for any other than canteen or employee toilet or shower facilities? Y/N __________

If yes, please specify nature of use: ______________________________________________________

Is there a Trade Effluent consent associated with this Supply Point? Y/N __________

5. **Licensed Provider Confirmation**

We hereby acknowledge that on submission of this Reassessment Request Form, if achievable, Scottish Water will in the first instance seek to install a water meter under its meter installation programme. If a water meter cannot be fitted under the meter installation programme, a Contribution Offer will then be made by Scottish Water. If the Contribution Offer is not accepted a Re-assessment proposal will be made by Scottish Water, in accordance with the reassessment process for unmetered supply points. We also acknowledge that the Supply Point referenced on the form, on completion of the application process, will not be able to continue on or later revert to assessed charges (whereby the assessed meter size and annual volume are allocated according to the rateable value of the Supply Point).

Name: __________________________

Job Title: __________________________

Signature: __________________________

Date: __________________________

Reassessment Request Form v1.1