Meter Service Request Form
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: __________________________

   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:*
<table>
<thead>
<tr>
<th>Service Requested</th>
<th>Reason for Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meter accuracy test</td>
<td></td>
</tr>
<tr>
<td>Meter repair</td>
<td></td>
</tr>
<tr>
<td>First Meter Installation</td>
<td></td>
</tr>
<tr>
<td>Change of Meter</td>
<td></td>
</tr>
</tbody>
</table>

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:
<table>
<thead>
<tr>
<th>Size</th>
<th>Option</th>
<th>Size</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>25mm</td>
<td>☐</td>
<td>32mm</td>
<td>☐</td>
</tr>
<tr>
<td>63mm</td>
<td>☐</td>
<td>90mm</td>
<td>☐</td>
</tr>
<tr>
<td>Other</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ______________
Full name (in capitals): _______________________________________

Role in the company or job title: _________________________________