FORM K



## Verification of Supply Point(s) Request

## For Use by Licensed Providers

1. <u>Licensed Provider Details:</u>	
Licensed Provider Licensed Provider's own Reference:	
Licensed Provider ID:	
Contact name:	
Contact number:	
Contact e-mail:	
2. <u>Premises Details:</u>	
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:	Roads Drainage:
Sewerage Connection:	Property Drainage:
Services to Caravans:	Metered Water:
Troughs and Drinking Bowl Connections:	Metered Sewerage:
Outside Taps:	Other:
if other, please specify:	
Please indicate all services required to be verified:	
Water Connection:	Roads Drainage:
Sewerage Connection:	Property Drainage:
Services to Caravans:	Metered Water:

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Troughs and Drin	king Bowl Connections:	Metered Sewerage:	
	Outside Taps:	Other:	
if other, please specify:	:		
3.2 Services at metered prer	mises:		
For verification of meter detail	ls, please provide any meter details tha	nat you have on your records:	
Meter type: Meter make:			
Meter size:			
Meter serial number(s):			
Matan wit would a v(a)			
Meter pit number(s):			
Meter location:			
е .			
x,y coordinates:			
3.3 Reasons for request:			
		assist the query (i.e. why services are thought to differ from records he	zia).
4. Additional Information	<u>on:</u>		
Please provide any additional	information where appropriate:		
5. Consent to Contact N	Non-household Customer:		
will inform the Licensed Provide		to arrange a visit to the premises. In such circumstances Scottish Watrisit. Please indicate whether you give consent for Scottish Water to he premises?	ter
	Yes:		
	No:		
6. Your Details:			
Signature:		Date:	
Full name (in capitals):			
Role in the company or job titl	e:		

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