

Form I/04:

**Request for reconnection of a
supply which has been temporarily
disconnected**

Change History

<u>Version Number</u>	<u>Date of Issue</u>	<u>Reason for Change</u>	<u>Change Control Reference</u>	<u>Sections Affected</u>
V2.0	30th March 2018	GDPR and Data Protection Provisions Updates	CPW029	Introduction

Form I/04: Request for reconnection of a supply which has been temporarily disconnected

To Wholesaler

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This form should be used where temporary disconnections are to be reconnected under Processes, I8 to I12 of the Operational Terms.

Please note that where a previous supply was permanently disconnected and a new supply or supplies is required, the new connections processes should be followed.

- Request for reconnection by the Wholesaler
- Notice of planned reconnection by an Accredited Entity (prior to reconnection)
- Notice following reconnection by an Accredited Entity

The form is divided into sections as follows

Number	Section
1.	Retailer details
2.	Supply Point details
3.	Disconnection details
4.	Reconnection details
5.	Update following reconnection by an Accredited Entity
6.	Non-Household Customer contact
7.	Declaration

If the Wholesaler is to perform the disconnection, all sections are mandatory except section 6. If an Accredited Entity is to perform the disconnection then information marked with an asterisk (*) is mandatory for initial submission, and section 6 is mandatory following disconnection (whether this is on first or subsequent submission).

Mandatory means that the Retailer must provide the requested information wherever it applies to the particular request. If a piece of information does not exist or is not applicable in the circumstances, the Retailer must note this and, where relevant, provide a reason why it is not applicable.

Please note that sections 1, 2, 5, 6 and 7 of this form may contain or lead to the identification of personal data.

1. *Retailer details

Retailer name
Retailer ID
Retailer's own reference
Contact name
Contact number
Contact e-mail

2. *Supply Point details

SPID
VOA BA Ref, (if not available please provide a reason)
.....
UPRN, (if not available please provide a reason)
.....
Premises address
Secondary Addressable Object
Primary Addressable Object
Address line 1
Address line 2
Address line 3
Address line 4
Address line 5
PAF Address Key (if available)
Postcode
Customer Name
Customer Banner Name

3. *Disconnection details

Disconnection date

Type of disconnection

- Temporary disconnection of water supply
- Temporary disconnection of sewerage supply

Reason for disconnection

- Non-payment
- Non-Household Customer requested disconnection
- Illegal use of Water Services and / or Sewerage Services
- Breach of Water Fittings Regulations

4. *Reconnection details

Proposed date / time for reconnection

Please note that where a reconnection is being undertaken following illegal use of water, or a breach of the Water Fittings Regulations, the Wholesaler may need to undertake appropriate inspections prior to making the reconnection.

Where the reconnection was or will be carried out by an Accredited Entity, please confirm the Accredited Entity and provide the details requested below

Accredited Entity (full name of Company)

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5. Update following reconnection by an Accredited Entity

	Meter 1	Meter 2	Meter 3
Date of reconnection
Date of meter reading
Meter read
Photograph of meter included	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Non-Household Customer contact

Please indicate whether you give consent for the Wholesaler to visit the premises without involvement of the Retailer?

- Yes Please provide contact details below
- No

Customer Contact Details

Contact name at premises

Contact number

Please indicate if you want to be notified of the date of the visit

Yes

No

7. *Declaration

By submitting this form I accept the standard terms for reconnection activity in accordance with the Wholesaler's Wholesale Tariff Document.

For reconnection by the Wholesaler, if activity is for a standard reconnection in standard circumstances as priced in the Wholesale Tariff Document then it will take place without a quote being issued, and may take place on the first visit.

I hereby acknowledge and declare that the information provided in this form is correct and up to date at the date of submission.

Signature

Date (dd/mm/yyyy)

Full name (in capitals)

Role in the company or job title