

**Form I/02:**

**Non-Household Customer  
disconnection request**

# Form I/02: Non-Household Customer disconnection request

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## To Wholesaler

This form should be used in the case of

- Customer requested disconnection implemented by means of a temporary disconnection / restriction;
- Customer requested permanent disconnection

under Processes I5 and I6 of the Operational Terms.

For Retailer requested disconnections, Form I/01 should be used.

**This is a notice applying for a disconnection under section 62 of the 1991 Act. By signing the form below, the Non-Household Customer has confirmed that it wishes to make the application. By submitting this form, the Retailer confirms that, subject to completion of the remaining steps of process I5 or I6, as applicable, it accepts liability for the Wholesale Charges in respect of that disconnection.**

The form is divided into sections as follows

| Number | Section  |
|--------|--|
| 1.     | Retailer details   |
| 2.     | Supply Point details                                     |
| 3.     | Water supplies   |
| 4.     | Information regarding the viability of the disconnection |
| 5.     | Declaration by the authorised signatory                  |
| 6.     | Retailer 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, 3, 5, 6, 7 and 8 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 number  
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 2  
Address line 3  
Address line 4  
Address line 5  
PAF Address Key (if available)  
Postcode  
Customer Name  
Customer Banner Name

**Please indicate below the supplies which are to be disconnected**

### 3. \*Water supplies

Type of Disconnection

- Permanent disconnection of the water supplies
- Temporary disconnection / restriction of the water supplies

Unmetered water supply or supplies to be disconnected

Number of supplies to be disconnected

Metered water supply or supplies

Number of supplies to be disconnected

Meter details for each metered water supply to be disconnected - if there are more meters, please use additional sheets

Meter 1

Meter 2

Meter 3

Meter serial number

Meter manufacturer

Meter size<sup>1</sup>

Where the meter has an associated combination, please provide the serial number of the associated meter

#### 3.1 Meter Information

Meter 1

Meter 2

Meter 3

Meter location (GIS X)

Meter location (GIS Y)

Meter 1 location

Meter 2 location

Meter 3 location

Out of hours Disconnection

- Tick if an out of hours disconnection is requested

<sup>1</sup> Nominal size of the meter in mm e.g. for a DN15 meter the Physical Meter Size is 15

Indicate a requested 4 hour time window

#### 4. \*Information regarding the viability of the disconnection

Is the occupier also the owner of the eligible premises for which the supply is to be disconnected?

- Yes  
 No

If No, has the owner of the Non-Household Premises consented to the disconnection of the Service?

- Yes  
 No

Do you intend to use an Accredited Entity to perform the disconnection?

- Yes  
 No

If Yes, please indicate the name of the Accredited Entity who will undertake the work

Has the Accredited Entity carried out an initial visit to confirm that the disconnection may proceed?

- Yes  
 No

If the disconnection has taken place on the initial visit please indicate here

#### 5. Non-Household Customer contact

The Wholesaler may wish to contact the Non-Household Customer to arrange a visit to the premises. Please indicate whether you give consent for the Wholesaler to contact the Non-Household Customer directly to arrange a visit to the premises?

- 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

**6. Update following disconnection by an Accredited Entity**

|                                 | Meter 1 | Meter 2 | Meter 3 |
|---------------------------------|---------|---------|---------|
| Temporary disconnection<br>Y/N? |         |         |         |
| Permanent disconnection<br>Y/N? |         |         |         |
| Date of disconnection           |         |         |         |
| Closing Meter read              |         |         |         |

**7. Declaration by the authorised signatory**

*An authorised representative of the Non-Household Customer must print and sign this form.*

Signature .....

Date (dd/mm/yyyy) .....

Full name (in capitals) .....

Role in the company or job title .....

For and on behalf of (company name) .....

Telephone number

Email address

**8. \*Retailer declaration**

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

For disconnection by the Wholesaler, if activity is for a standard disconnection 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