

Form S/03: Notification from a Retailer of installation of a Data Logger on a DCWW Wholesale Meter

For use by Retailers

To Dŵr Cymru Welsh Water

The purpose of this form is to capture the details required to support a request from a Retailer to install a Data Logger on a Dŵr Cymru Wholesale Meter. Prior to submitting this form the Retailer **must** read our [standard terms and conditions](#) for the installation of a Retailer Data Logger.

The Retailer is responsible for carrying out its own risk assessment and DCWW takes no responsibility for supervising access to assets.

The form is divided into sections as follows:

Number	Section
1.	Retailer details
2.	Eligible premises details
3.	Meter details
4.	Proposed logger details
5.	Installers details
6.	Declaration

All sections are mandatory.

This form is available in Welsh on request.

1 Retailer details

Retailer Name

Retailer ID

Retailers own reference

Contact Name

Contact number

Contact e-mail

2 Eligible premises details

SPID

Building name / number

Address line 1

Address line 2

Address line 3

Town

Postcode

Mandatory Field: Email Address

3 Meter details

Please provide meter details below for all meters where a logger data is to be installed. Please use additional sheets for more than 3 meters.

	Meter 1	Meter 2	Meter 3
Meter Manufacturer
Meter Serial Number(s)

4 Proposed logger details

Logger Manufacturer

Logger Make

Intended date of installation¹

5 Installers details

Name and contact details of the Person / Company who will be carrying out the installation

Accreditation held by the Person / Company who will be carrying out the installation

6 Declaration

By submitting this form I accept the standard terms for the installation of a Data Logger on a Wholesale meter and any appropriate charges as detailed in Dŵr Cymru's Wholesale Tariff Document and **confirm that our personnel or contractors carrying out the logger installation have accreditation to one of the Safety Schemes In Procurement (SSIP) bodies or Achilles Verify.**

A completed [form AF02b](#) is included with this application.

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

Your details

Signature

Date(dd/mm/yyyy)

Full Name (in capitals)

Role in the company or job title

¹ At least 5 Business Days' notice is required