

Form S/04: Request from a Third Party or Business Customer (not a Retailer) to install a Data Logger on a DCWW Wholesale Meter

To Dŵr Cymru Welsh Water

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

The Third Party/Business Customer is responsible for carrying out its own risk assessment and DCC takes no responsibility for supervising access to assets.

The form is divided into sections as follows:

Number	Section
1.	Third party / Business Customer 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 Third Party / Business Customers details

Name

Third Party reference

Contact Name

Contact number

Contact e-mail

2 Eligible premises details

SPID (if known)

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 **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 enclose confirmation from the Customer that we are acting on their behalf.

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/yy)

Full Name (in capitals)

Role in the company or job title

¹ At least 5 Business Days' notice is required