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All fields on the form are mandatory unless otherwise indicated \*

**Form M**



**Gap Site Supply Point Request Form  
For Use by Licensed Providers**

Please note that sections 1, 2, 6 and 7 must be completed by Licensed Providers and sections 3 – 5 should be completed where possible.

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**1. Licensed Provider Details:**

Licensed Provider: \_\_\_\_\_  
Licensed Provider ID: \_\_\_\_\_  
Licensed Provider's own Reference: \_\_\_\_\_  
Contact name: \_\_\_\_\_  
Contact number: \_\_\_\_\_  
Contact e-mail: \_\_\_\_\_

**2. Premises Details:**

SAA property reference number<sup>1</sup>: \_\_\_\_\_  
Company name: \_\_\_\_\_  
**Banner Name<sup>2</sup>:** \_\_\_\_\_  
Building number: \_\_\_\_\_  
Building name: \_\_\_\_\_  
Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
Address line 3: \_\_\_\_\_  
Town: \_\_\_\_\_  
Postcode: \_\_\_\_\_

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<sup>1</sup> SAA (Scottish Assessors Association) property reference number can be obtained from the Scottish Assessor's website – [www.saa.gov.uk](http://www.saa.gov.uk)

<sup>2</sup> **Banner Name is the trading identity associated directly with the property, e.g. the brand name of a fast food restaurant and not the franchisee's name.**

Contact name at site (if available)<sup>3</sup>: \_\_\_\_\_

Contact number at site (if available)<sup>3</sup>: \_\_\_\_\_

Rateable Value of property: \_\_\_\_\_

Was the Gap Site Supply Point identified via the CMA Portal?:  Yes

\_\_\_\_\_  No

If Yes please provide the UARN: \_\_\_\_\_

<sup>3</sup> Licensed Providers should endeavour to provide the name and phone number of a contact for manned customer premises. For unmanned customer premises, Licensed Providers should endeavour to provide the name and phone number of an individual who can arrange access to the site if needed.

**3. Services at the premises:**

Please indicate all services provided at the premises:

**3.1 Water Services**

Water Connection:

Metered Water:

Number of Services to Caravans: \_\_\_\_\_

Number of Troughs and Drinking Bowl Connections: \_\_\_\_\_

Number of Outside Taps: \_\_\_\_\_

Other:

if other, please specify: \_\_\_\_\_

**If water services to the property are provided through a Scottish Water revenue meter, please provide meter details below:**

	Meter 1	Meter 2	Meter 3
Meter type:	_____	_____	_____
Meter make:	_____	_____	_____
Meter size:	_____	_____	_____
Number of Dials:	_____	_____	_____
Meter serial number(s):	_____	_____	_____
Meter reading:	_____	_____	_____
Date of reading:	_____	_____	_____
x,y coordinates:			
Northing:	_____	_____	_____
Easting:	_____	_____	_____
Meter location:	_____		
	_____		
	_____		

**3.2 Sewerage Services**

- Sewerage Connection:
- Roads Drainage:
- Property Drainage:
- Metered Sewerage:

Is there a discharge of Trade Effluent from the premises to the public sewer?

Yes

No

**4. Supply Point (SPID) Request:**

Please indicate the services for which a Supply Point ID (SPID) is required:

Water SPID required

Sewerage SPID required

Both Water and Sewerage SPID required

Where only Water or only Sewerage SPID is required because a Water/Sewerage SPID already exists at the site, please provide the existing SPID at the site: \_\_\_\_\_

Otherwise, please state the reason for only a single service request, e.g. 'septic tank':

\_\_\_\_\_

**5. Additional Information:**

Please provide any additional information that may be useful in identifying the property. For example, GIS co-ordinates or a map of the site:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Consent to Contact Non-Household Customer:**

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

Yes:

No:

**7. Declaration on behalf of the Licensed Provider:**

We hereby acknowledge that we have undertaken all reasonable endeavours to complete this form, to confirm the status of Water Services and/or Sewerage Services at this site and that following these investigations we believe this is a Gap Site as defined under the Market Code. The information provided in this form is correct to the best of our knowledge and up to date at the date of submission.

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_