Bill No: Property No:

Application for a household water meter



Please complete the details	s in full.								
Mr Mrs Mrs	Miss	Ms 🗌	Otł	ner [
Name:									
Address:									
					Post	code:			
Property details									
Address of property to be r	netered if d	ifferent from	m abo	ve:					
				_ Post	code	:			
Customer Ref. UC							(You will	find this on y	our bill)
			<u> </u>		<u> </u>				
Contact telephone nu		provido vo	ur cor	stact d	otaile	Planca	tick profe	orrod conta	ct.
In order to arrange your su		•					-		
Home:				Work	(:				
Mobile:			-						
Please note that appoints need to be present for the			n 8am	and 5	ipm, Λ	/londa	y to Frida	ay. Someo	ne will
Type of property (whe	ere meter is	required)							
Flat Terrace	d S	iemi-Detac	hed		Deta	ched			
Number of people living	in the prop	perty?							
Do you use a sprinkler or	leave a ho	sepipe rur	nning	unatt	ende	d?		Yes	No 🗌
Do you have a swimming	g pool/pon	d with a ca	apacit	y grea	ater				
than 10,000 litres?								Yes	No 📙
Are you the property ow	ner?							Yes	No
If you are in a rented pro 6 months or longer?	perty is you	ur tenancy	agre	emen	t for			Yes	No 🗌
If tenancy is for under 6 moinstallation. If the property managing agency/council/	is rented pl	ease provic							

Once the meter is installed how do you want to pay your future metered bills?

															7
Direct De	ebit - in fo	ull fo	llow	ing y	your bil	l									
	Choose	your	pay	men	t date:	1s	t 🗌	7th [14th [] 2	st [_
Direct De	ebit mon	thlv	' - sn	reac	lina the	• ทลง	vment	s mak	ina h	ıdaetin	na easie	r		Г	1
	Choose		-		_			7th [14th	_	 Ist □	7		J
		•					`	, [_	_	7
Cash/che	eque - in	full fo	ollov	ving	your bi	ill								L	
Cash/che	eque mo	nthly	y - u	sing	payme	nt s	lips ar	nd pay	ing by	due da	ates				
For Direct I	Debit payn	nents,	, plea	ase c	omplete	the	manda	ate belo	ow.						
Declaration I wish to have conditions. representate with any ad	ve a meter I understar ive to carry ditional cha	nd tha out a arges	t upc surv whic	on red ey wl h ma	ceipt of the hich will y apply.	his a _l dete	pplicati rmine v	ion forn	n you v	ill conta	ct me ar	d arra	ange		
This annli	cation mu	ıst be	sigi	ned l	by the b	oill p	ayer.								
тіпіз арріг															
Signature Completed											.ane, Wa				_
Signature	forms shou	ld be Banl	retur k or	rned t	to: Camb	ridg	e Wateı	r, PO Bo	x 7040	, Green L	.ane, Wa				_
Signature Completed nstruction pay by Direct	forms shou	ld be Banl	retur k or	rned t	to: Camb	ridg	e Wateı	r, PO Bo	y by [, Green L	.ane, Wa	Isall,	WS1	9QG	
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This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.

If there are any changes to the amount, date or frequency of your Direct Debit South Staffordshire Water PLC will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request South Staffordshire Water PLC to collect a payment, confirmation of the amount and date will be given to you at the time of the request.

If an error is made in the payment of your Direct Debit by South Staffordshire Water PLC or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.

If you receive a refund you are not entitled to, you must pay it back when South Staffordshire Water PLC asks you to.

You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.