



Standing Charge Assessment Form

CUSTOMER ACCOUNT NO:

NAME:

ADDRESS:

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TARIFF SCALE: **Two Part**

Please state type of building:
 (e.g. House, Flat, Shop, Garage, Hotel, Church, etc)

ROOM	ROOMS <i>(please itemise all rooms in premises)</i>	ROOM SIZE/AREA
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

TOTAL NUMBER OF ROOMS (not including bathrooms)

Any Other Information:

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SIGNED: DATE.....201

PLEASE COMPLETE AND RETURN ASSESSMENT FORM AS SOON AS POSSIBLE