



**Standing Charge Assessment Form**

CUSTOMER ACCOUNT NO: .....

NAME: .....

ADDRESS: .....

.....

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: .....

.....

.....

SIGNED: ..... DATE.....202

PLEASE COMPLETE AND RETURN ASSESSMENT FORM AS SOON AS POSSIBLE