

Assessed charge form

Customer details

Account number

Title

First name

Surname

Email address

Telephone number

Moving in date

Company details

Business name

Number of hours per business per week

Site address

Billing address

Landlord address

Do you occupy the whole property?

Yes No

If no, please specify (i.e. there is a flat above the property)

Property type

- | | | | |
|---------------------|--------------------------|-----------------|--------------------------|
| Hospital | <input type="checkbox"/> | Hotel | <input type="checkbox"/> |
| Laundrette | <input type="checkbox"/> | Restaurant | <input type="checkbox"/> |
| Warehouse | <input type="checkbox"/> | Office | <input type="checkbox"/> |
| Petrol station | <input type="checkbox"/> | Guest house | <input type="checkbox"/> |
| School | <input type="checkbox"/> | Factory | <input type="checkbox"/> |
| Park/Sports ground | <input type="checkbox"/> | Farm | <input type="checkbox"/> |
| Community centre | <input type="checkbox"/> | Takeaway | <input type="checkbox"/> |
| Garage repairs | <input type="checkbox"/> | Dental practice | <input type="checkbox"/> |
| Club/pub/bar | <input type="checkbox"/> | Doctors surgery | <input type="checkbox"/> |
| Hairdresser/barbers | <input type="checkbox"/> | Dry cleaners | <input type="checkbox"/> |

Employees

Please tell us how many people you have working at this property

Full time Part time

Seasonal

Is water being used for any purpose other than staff beverage and toilet facilities?

Yes No

If yes, please specify

Confirmation

Name

Job title

Signature

Date

Please print off this form and send the completed, signed form to: Castle Water Limited, 1 Boat Brae, Blairgowrie, PH10 7BH