

**SLN 3 – Request for a permanent supply of water for self-lay scheme**

This form must be filled and emailed to self.lay@dwrcymru.com notifying us that you require a permanent supply of water.

Please be aware that this request may take up to 14 days from the date of receipt\*.

**SECTION 1 – Contact details**

 Scheme name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Self-lay Provider name (SLP): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact telephone number (preferably mobile):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date sent to DCWW: D D / M M / Y Y Y Y

**SECTION 2 – Job number / Site address**

 Dwr Cymru Welsh Water Scheme Number

 Site address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SECTION 3 – Date of permanent supply of water**

 Please provide the date when permanent

 supply of water is required by: D D / M M / Y Y Y Y

\*Please note that sometimes due to third party restrictions, we might not be able to meet 14 days target. Please provide us an indication when you need permanent supply as early as possible.