



CENTRAL WATER AND SEWERAGE AUTHORITY
P.O Box 363,
New Montrose
Kingstown, St. Vincent & the Grenadines

Tel: 784-456-2946 Fax: 784-456-2552

APPLICATION FOR WATER CONNECTION

Please complete the following in **BLOCK LETTERS**. Incomplete information may cause delays. This Application is to be submitted in duplicate.

PART 1

FULL NAME OF OWNER
 (OR TITLE OF FIRM): _____ ADDRESS: _____

OTHER NAME (S) KNOWN BY
 IN AREA/ALIAS _____ ADDRESS WHERE SERVICE IS
 REQUIRED: _____

TELEPHONE: Office _____ Home - _____ Nearest contact Tele: _____

BILLING NAME: _____ BILLING ADDRESS: _____
 (Include P.O or P.O Box no.)

IDENTIFICATION OF
 SERVICE PREMISES: _____ Next to: _____

CONNECTION INFORMATION

<u>TYPE</u>	<u>FOR CONSTRUCTION / FOR USE IN PREMISES – DIAMETER OF PIPE ON PREMISES</u>	
DOMESTIC	<input type="text"/>	<input type="text"/> ()
INDUSTRIAL	<input type="text"/>	<input type="text"/> ()
GOVERNMENT	<input type="text"/>	<input type="text"/> ()

(Please indicate in applicable box above)

NUMBER OF FIXTURES

I declare that the above information is true and I shall indemnify CWSA fro any loss sustained by CWSA due to incorrect information.

Signature of Owner or agent for Owner: _____ Date: _____

Part 11

FOR OFFICIAL USE ONLY

NO: _____ DATE RECEIVE: _____ SIGNATURE OF CUSTOMER
 SERVICE CLERK: _____

SENT TO CREDIT CONTROL: DATE: _____ REC D FROM CREDIT CONTROL DATE: _____

AREA SUPERVISOR S REPORT SENT ON: _____ REC D ON: _____

ESTIMATED CONNECTION CHARGE: \$ _____

RECEIPT NO: _____ DATE: _____ Signature

(DATE WORK ORDER MADE FOR CONNECTION: _____ NO: _____)

DATE CONNECTION MADE: _____ METER NO: _____

ACCOUNT NO: _____ DATE FIRST BILLING STARTED: _____

 Signature