

WATER DEPARTMENT

Tel # 264-497-1270

Fax # 264-497-1275

TRANSFER FORM

Date: ____/____/____

Receipt # _____

I hereby requested that the water supply to my premises be transfer in the date below as follows:

Date Requested: ____/____/____

Re. # : ____/____

Account No (s): _____, _____ and _____

PRESENT ADDRESS

First Name: _____

Last Name: _____

Address: _____

RELOCATION ADDRESS

First Name: _____

Last Name: _____

Address: _____

Transfer fee Minimum: **EC \$50.00**

Transfer Cost **EC \$** ____ . ____

Signature of Applicant

Processing Officer

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FOR OFFICE USE

Works Order#: ____/____

To: _____

From: _____

Priority: _____

Please locate this connection (s) at: _____

To: _____

Meter Number: _____

The above relocation has been carried out as follows:

Time: ____ : ____ Am/Pm Date: ____/____/____

Meter Reading: _____

Work done by: _____

Inspected by: _____
Senior Technical Assistant

Clerk of Works

Comments: _____