

WATER DEPARTMENT

Tel # 264-497-1270

Fax # 264-497-1275

RECONNECTION FORM

Receipt # _____

Ref # _____ / _____

Account No.(s) _____ - _____, _____ - _____, and _____ - _____

First Name: _____ Last Name: _____

Address: _____ Tel No: _____

With reference to your application for a reconnection dated ____/____/____ the charge for the reconnection is fifty dollars (**\$50.00**) and all outstanding bills on the account(s) must be paid to the Inland Revenue Cashier. Then reconnection will be installed.

Charges:

Reconnection fee: \$50.00

Meter Cost: \$

Arrears: \$

Total Cost: \$

Any queries regarding cost of reconnection or routing should be resolved by a visit to the Water Department Office prior to payments.

Signature of the Applicant

Processing Officer

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FOR OFFICE USE

Works Order #: _____ / _____

To: _____ From: _____

Priority: _____

Please install this reconnection at: _____

The above reconnection has been carried out as follows:

Time: ____: ____ Am/Pm Date: ____/____/____ Meter Reading: _____

Work done by: _____

Clerk of Works

Inspected by: _____
Senior Technical Assistant

Comments: _____