



Account #

Date:

DEPARTMENT OF WATER SERVICES - APPLICATION FOR WATER SERVICE

Surname/Company Name			First Name			Middle Initial			
Applicant's Employer/Occupation						Applicant's Nationality			
Physical Address			Apt #			District			
Mailing Address - P. O. Box # / Street Address									
Home #			Work #			Cell #		Fax #	
Passport #						Expiration Date			
Location of Service (If different from physical address)									
Block #			Parcel #			Choose a billing Option:			
						<input type="checkbox"/> Electronic billing		<input type="checkbox"/> Postal	
Water Services			Duplicate Billing			Email Address:			
<input type="checkbox"/> Residential <input type="checkbox"/> Multi-Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Government <input type="checkbox"/> Public Authority			<input type="checkbox"/> Yes <input type="checkbox"/> No						
			Name						
			P.O.Box # / Street Address						
Residential									
<input type="checkbox"/> Pool			<input type="checkbox"/> Irrigation			<input type="checkbox"/> Small (< 2 bdrms)		<input type="checkbox"/> Medium (3-4 bdrms)	<input type="checkbox"/> Large (>4 bdrms)
Multi Residential <input type="checkbox"/> Condos <input type="checkbox"/> Apartments <input type="checkbox"/> Villas # of Units _____ # of Floors _____									
<input type="checkbox"/> Pool			<input type="checkbox"/> Irrigation			<input type="checkbox"/> Small (< 2 bdrms)		<input type="checkbox"/> Medium (3-4 bdrms)	<input type="checkbox"/> Large (>4 bdrms)
Hotel Size # of Rooms: _____ # of Floors: _____									
<input type="checkbox"/> Pool			<input type="checkbox"/> Irrigation			<input type="checkbox"/> Restaurant		<input type="checkbox"/> Laundry	
Commercial # of Units: _____ # of Floors: _____									
<input type="checkbox"/> Restaurants			<input type="checkbox"/> Retail/Shop			<input type="checkbox"/> Office			
Do you have another connection in your name?			<input type="checkbox"/> No			If Yes, what is/are the account number(s)?			
			<input type="checkbox"/> Yes			_____			
Did the location have a previous connection?			<input type="checkbox"/> No			If Yes, what was the account number?			
			<input type="checkbox"/> Yes			_____			
Do you have a cistern?			<input type="checkbox"/> No			If Yes, what capacity in gallons?			
			<input type="checkbox"/> Yes			_____			
What was the reason for disconnection?			<input type="checkbox"/> Transfer			<input type="checkbox"/> Non-payment		<input type="checkbox"/> Voluntary Disconnection	

DOCUMENTATION REQUIREMENT/CHECKLIST

- Copy of Passport or Drivers Licence
- Proof of Address (Cover Page of Most Recent Utility Bill)
- Proof of Property Ownership (Certified Copy of Land Register and Land Map)

TERMS & AGREEMENT

Between the Department of Water Services and _____, (the applicant).

1. The Applicant shall ensure that all bills rendered are paid in full on or before the due date. The Department of Water Services will add a late payment charge of 1% of the outstanding balance, if not paid by the due date.
2. Payment of connection fees, late fee, water usage charges and other fees are the sole responsibility of the Applicant.
3. Non-payment of any account on demand will result in the service being disconnected and only reconnected upon settlement of the outstanding account, late fees, and reconnection fees.
4. All customers shall pay a minimum monthly charge in order to maintain an active account.
5. The Applicant hereby authorises the Department of Water Services to activate this service upon installation.
6. The Applicant hereby authorises the Department of Water Services to disconnect other accounts which are in held in the name of the undersigned, should the account become delinquent and payments become outstanding.
7. The Department of Water Services reserves the right to disconnect any account which in their opinion should be disconnected and further, to take any action against the applicant should there be any breach of this agreement.
8. The Applicant is solely responsible for all works done on the outlet side of the water meter, and is solely responsible for any water lost through failure and/or damage of those works, regardless of whether the failure and/or damage was the fault of the Applicant or a third party.
9. If a customer is in a high elevated area and decides to construct a building higher than the ground level, it is the applicant's responsibility to provide sufficient pressure to provide water to the upper levels.
10. The Department of Water Services reserves the right and may deny an Application for connection if it deems unfeasible as in areas with limited infrastructure.
11. I/We the undersigned, agree that I/we shall not make any additional connections or alterations to any service connection provided by the Department of Water Services to the above premises or any other premises owned or occupied by me/us.

I, _____ (the Applicant), state that I have read and accept the terms attached to this Application, and understand the terms on which these services will be provided by the Department of Water Services. I also verify that the information provided in relation to this Application Form is true to the best of my knowledge and belief. I understand that any false information provided in relation to this Application Form may result in the immediate termination of the services.

Applicant's Signature _____ Date

FOR OFFICE USE ONLY

Vacant Lot Building Under Construction Completed Building

COST ESTIMATE OF MATERIALS FOR WATER CONNECTION

Quantity	Item Description	Cost \$
	Pipe	
	Couplings	
	90° Elbow	
	45° Elbow	
	Tee	
	Male Adaptor	
	Female Adaptor	
	PVC Gate Valve	
	Reducers	
	Saddle	
	Other	

Total Material Cost	
Standard Connection Fee	
Meter Installation Fee	
Total Cost	

Engineer's Comments

