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| <b>BAGUIO WATER DISTRICT</b>                | Document No.     | NWC-WSCA2019_F013 |
| <b>WATER SERVICE CONNECTION APPLICATION</b> | Effectivity Date | September 2019    |
|   | Revision No.     | 1                 |

Service Application Number: \_\_\_\_\_

Date Applied: \_\_\_\_\_

**Application for Water Connection**

**Name of Applicant**

Name of Husband/Wife \_\_\_\_\_

Address/ Location of Installation \_\_\_\_\_

Telephone Number \_\_\_\_\_

Cellphone Number \_\_\_\_\_

Landmark/Nearest Neighbor \_\_\_\_\_

Account Number / Serial Number \_\_\_\_\_

Residents:

Above 13 years old:

M: \_\_\_\_\_ F: \_\_\_\_\_

Below 12 years old:

M: \_\_\_\_\_ F: \_\_\_\_\_

**Type of Application**

New Connection

Additional Meter and Tapping

Additional Meter with Common Tapping

Transfer of Tapping due to: \_\_\_\_\_

Reconnection of Disconnected Meter

Re-tapping of Service line

Others: \_\_\_\_\_

**Type of Building Structure**

Residential

Apartment

Condominium / Townhouse

Others (please specify) : \_\_\_\_\_

Hotel / Inn / Restaurant

School / Institution

Church / Seminary / Convent

**Do you wish to have your service line (line after the water meter in your premises) installed by BWD?**

Yes  No

Do you have a previous water connection with the BWD?

Yes  No

If Yes, please state the Address : \_\_\_\_\_

Account Number : \_\_\_\_\_

Do you have an existing water connection with the BWD?

Yes  No

If Yes, please state the Address : \_\_\_\_\_

Account Number : \_\_\_\_\_

Data Verified and Confirmed by:

\_\_\_\_\_

CUSTOMER SERVICE ASSISTANT

\_\_\_\_\_

NAME & SIGNATURE OF APPLICANT

\_\_\_\_\_

AUTHORIZED REPRESENTATIVE

*\*Not valid if with alterations*