



CENTRAL WATER AND SEWERAGE AUTHORITY

New Montrose

P.O. Box 363

Kingstown, St. Vincent & the Grenadines

Tel: 784-456-2946/Emergency: 784-457-1445/Fax: 784-456-2552

Email: cwsa@vincysurf.com /Website: www.cwsasvg.com

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

NAME OF OWNER (OR TITLE OF FIRM): _____

ANY OTHER NAME(S) KNOWN BY IN AREA: _____

ADDRESS: _____

TELEPHONE: Office _____ Home _____ Cell _____

EMAIL ADDRESS: _____

BILLING NAME: _____

BILLING ADDRESS: _____

(Include P.O. or P.O Box number)

ADDRESS WHERE SERVICE IS REQUIRED: _____

IDENTIFICATION OF SERVICE PREMISES: _____

NEXT TO: _____

CONNECTION INFORMATION

TYPE	CONSTRUCTION	PREMISES	DIAMETER OF PIPE
DOMESTIC			
COMMERCIAL			
GOVERNMENT			
TEMPORARY			

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

Signature of Owner/Agent for Owner: _____ Date: _____

I.D. Number: _____ DEED # _____ DATE: _____

PART 2

FOR OFFICIAL USE ONLY

NO: _____ DATE RECEIVED: _____ SIGNATURE OF C.S.S. CLERK: _____

DATE SUBMITTED TO CREDIT CONTROL: _____ DATE REC'D FROM CREDIT CONTROL: _____

DATE AREA SUPERVISOR'S REPORT SUBMITTED: _____ DATE RECEIVED: _____

ESTIMATED CONNECTION CHARGE: \$ _____ CASHIER'S SIGNATURE _____

RECEIPT NO: _____ DATE: _____

DATE OF WORK ORDER: _____ NO: _____

DATE CONNECTION MADE: _____ METER NO: _____

ACCOUNT NO: _____ CODE _____ NEXT TO METER NO: _____

AREA SUPERVISOR'S SIGNATURE: _____

Please supply Deed of Conveyance or other proof of ownership