



CENTRAL WATER AND SEWERAGE AUTHORITY

P.O. BOX 363
KINGSTOWN, ST. VINCENT, W.I.
TELEPHONE: 784-456-2946
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EMAIL: CWSA@VINCYSURF.COM

APPLICATION FOR METER RELOCATION

DATE:.....

ACCOUNT NAME:..... TEL#.....

BILLING NAME:

E-MAIL ADDRESS:

PROPERTY ADDRESS:.....

NEXT TO:.....

REASON FOR RELOCATION:.....

NB: The Applicant Agrees to pay a deposit of two hundred dollars (\$200.00). This deposit is nonrefundable and would be credited to the account less the administrative cost.

SIGNATURE OF OWNER OR AGENT FOR OWNER:.....

DATE:...../...../.....

FOR OFFICIAL USE ONLY

CUSTOMER SERVICE CLERK: DATE:

ACCOUNT NUMBER:..... METER NUMBER:.....

ARREARS:.....

RELOCATION CHARGE:.....

OTHER CHARGES:.....

TOTAL CHARGE:.....

DATE RELOCATED:.....

DATE PAID:...../...../..... RECEIPT NO.:..... CASHIER:.....

RELOCATION AUTHORIZED BY:

.....
SUPERVISOR

.....
DATE