



CENTRAL WATER AND SEWERAGE AUTHORITY

P.O. BOX 363
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REQUEST FOR WATER DISCONNECTION AND RECONNECTION

Please complete in Block letters. Incomplete information may cause delays.

PART 1

FULL NAME OF OWNER OR TITLE OF FIRM: POSTAL ADDRESS:
OTHER NAMES KNOWN BY IN AREA: ADDRESS WHERE SERVICE IS LOCATED/ REQUESTED:
TELEPHONE NOS: (W) (H) NEAREST CONT.
BILLING NAME: ACCOUNT NO.: METER NO.:
IDENTIFICATION OF SERVICE
PREMISES: LOCATED NEXT TO:
REASON FOR DISCONNECTION:
NUMBER OF FIXTURES:

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND I SHALL INDEMNIFY CWSA FOR ANY LOSS SUSTAINED BY CWSA DUE TO INCORRECT INFORMATION.

SIGNATURE OF OWNER OR AGENT FOR OWNER: DATE:

PART 2

FOR OFFICIAL USE ONLY

DISCONNECTION CREW

ACCOUNT NO.: DATE RECEIVED: SIGNATURE:
COMPUTER CODE: ROUTE CODE:
DISCONNECTION AUTHORISED BY: DATE DISCONNECTED:
DATE METER WAS HANDED OVER TO METER SHOP: METER NO.:
SIGNATURE OF SUPERVISOR: DATE:

PART 3

RECONNECTION

ARREARS: OTHER CHARGES: RECONNECTION FEE:
TOTAL CHARGES BEFORE RECONNECTION OF SERVICE:
AMOUNT PAID: DATE PAID: RECEIPT NO:
CASHIER'S SIGNATURE: DATE:
RECONNECTION AUTHORISED BY: DATE:
DATE METER COLLECTED FROM WORKSHOP: METER NUMBER:
DATE RECONNECTED: DATE METER INSTALLED:
SUPERVISOR IN CHARGE: DATE: