

APPLICATION FOR WATER SERVICE CONNECTION/ INDIVIDUAL OR DOMESTIC CONNECTION

Please complete all sections in block letters and tick where applicable

Potable <input type="checkbox"/>	Wastewater <input type="checkbox"/>
Tenant <input type="checkbox"/>	Owner <input type="checkbox"/>

New connection <input type="checkbox"/>
Existing connection <input type="checkbox"/>

If existing please indicate customer no if applicable

Customer No		PC/Plot number	
Marital Status	Single	<input type="checkbox"/>	
	Divorced	<input type="checkbox"/>	
	Married in Community of Property	<input type="checkbox"/>	
	Married out of Community of Property	<input type="checkbox"/>	

CONSUMER DETAILS

Full name											
Identity Number/passport number					Date of birth						
Postal Address											
Tel (Home)					Tel (Work)						
Email Address					Fax						

Current Physical Address

Plot No.		Area/ward	
City/Town/Village			

SERVICE CONNECTION DETAILS

Ward/Area		Plot no.	
Village/Town/City			

OWNER/LANDLORD CONTACT DETAILS

Owner's Name	First	Middle	Last
ID/Passport number			
Postal Address			

Plot No		Area/ward	
City/Town/Village			
Tel (Home)		Cell	Fax
Email Address			

Applicant's Signature	Date
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Owner/Landlord Indemnity:

I/We have granted the applicant permission to connect water at

I/We agree that the owner and consumer shall be jointly and severally liable with obligations or other requirements imposed upon them by the Waterworks Act

Owner's Signature	Date
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