



# CARCAR WATER DISTRICT

San Vicente St., Pob. I, Carcar City, Cebu, Philippines  
Tel. No. (032) 520-4949  
www.carcarwaterdistrict.gov.ph

Application No. \_\_\_\_\_

## NEW SERVICE CONNECTION APPLICATION FORM

PART 1 APPLICANT'S INFORMATION			
<b>NAME OF APPLICANT (FOR INDIVIDUAL ACCOUNT)</b>			1 X 1 PHOTO ID
LAST NAME (APELYIDO)	FIRST/GIVEN NAME (PANGALAN)	MIDDLE NAME	
/ /	<input type="checkbox"/> a.Male <input type="checkbox"/> b.Female	<input type="checkbox"/> a.Single <input type="checkbox"/> b.Married <input type="checkbox"/> c.Widowed <input type="checkbox"/> d.Separated	
DATE OF BIRTH (MM/DD/YYYY)	SEX	CIVIL STATUS	
Name of Spouse (If applicable): _____			
<b>REGISTERED NAME (FOR BUSINESS/CORPORATE/GOVERNMENT ACCOUNT)</b>			
<b>ADDRESS OF THE WATER CONNECTION APPLIED FOR:</b>			
HOUSE NO./BLOCK AND LOT NO./STREET NAME	SUBDIVISION/PUROK/SITIO	BARANGAY	MUNICIPALITY/CITY
<b>CONTACT NUMBERS:</b>			
0 3 2			
LANDLINE		MOBILE PHONE NUMBER	
<b>WITH EXISTING WATER CONNECTION WITH CWD:</b>		<b>LANDMARK / ACCOUNT NAME OF NEAREST NEIGHBOR WITH EXISTING CWD CONNECTION:</b>	
<input type="checkbox"/> YES (if yes, state account name/number) _____			
<input type="checkbox"/> NO			
I certify that all information above-given are true and the attached documents are authentic. I also give my consent to CWD to use my personal data including other sensitive information for CWD related services only in accordance with the Data Privacy Act and its Implementing Rules and Regulations.		_____ SIGNATURE OVER PRINTED NAME OF THE APPLICANT      DATE	
PART 2 FOR CWD USE ONLY (Please do not write anything below this line)			
(1) INSPECTION FEE PAYMENT DETAILS		(6) APPLICATION FEE PAYMENT DETAILS	
Amount: _____ OR No.: _____ Date: _____		Amount: _____ OR No.: _____ Date: _____	
(2) ORIENTATION DETAILS		(7) INSTALLATION DETAILS	
Date: _____ Time Start/Time End: _____		<b>(7.1) WATER METER INFORMATION</b>	
Oriented by: _____		BRAND: _____ SIZE _____	
		M. NO.: _____ Initial Rdg: _____	
<b>(3) INSPECTION REPORT</b>		<input type="radio"/> Existing Tapstand <input type="radio"/> New Tapstand	
Pressure Gauge Reading: _____		Nearest Water Meter: _____	
<input type="checkbox"/> Existing Tapstand      No. of meters on tapstand: _____		<b>(7.2) ACCOUNT CLASSIFICATION</b>	
<input type="checkbox"/> For Installation of New Tap Stand		<input type="radio"/> RESIDENTIAL <input type="radio"/> COMMERCIAL A (x 1.75)	
		<input type="radio"/> GOVERNMENT <input type="radio"/> COMMERCIAL B (x 1.5)	
		<input type="radio"/> COMMERCIAL (x 2.0) <input type="radio"/> COMMERCIAL C (x 1.25)	
Inspected by: _____		If commercial, please specify: _____	
Date: _____ Time Start/Time End: _____		<b>(7.3) QUALITY CHECKLIST</b>	
<b>(4) APPROVAL RECOMMENDED</b>		<input type="checkbox"/> <b>QUALITY CHECK CONDUCTED</b>	
_____ Customer Accounts Personnel      Date		<input type="radio"/> Test Applicant's Service Connection	
		<input type="radio"/> Check for Leakages (Tapstand & Meter Stand)	
<b>(5) APPROVED BY</b>		<input type="radio"/> Check for Leakages (Faucet Stand)	
		<input type="checkbox"/> <b>QUALITY CHECK NOT CONDUCTED - NO WATER SUPPLY</b>	
_____ Division Manager - Commercial      Date		Installed by: _____	
		Date: _____ Time Start/Time End: _____	
<b>(8.1) ACCOUNT DETAILS</b>		Conforme: _____	
		SIGNATURE OVER PRINTED NAME OF THE APPLICANT	
Zone & Book No.: _____ Class Code: _____		<b>(8.2) QGIS COORDINATES (Updated?)</b>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Account No.: _____		<b>(8.3) ENCODED BY:</b>	
		<b>(8.4) VERIFIED BY:</b>	
		PRINTED NAME OF ENCODER / DATE	
		PRINTED NAME OF VERIFIER / DATE	