



Application No. _____

NEW SERVICE CONNECTION APPLICATION FORM

| PART 1 | | | | APPLICANT'S INFORMATION | | | |
|---|--|--|-------------------------|---|----------|---|-------------------|
| NAME OF APPLICANT (FOR INDIVIDUAL ACCOUNT) | | | | | | 1 X 1 PHOTO ID | |
| LAST NAME (APELYIDO) | | FIRST/GIVEN NAME (PANGALAN) | | MIDDLE NAME | | | |
| / / DATE OF BIRTH (MM/DD/YYYY) | | <input type="checkbox"/> a.Male <input type="checkbox"/> b.Female <input type="checkbox"/> c.LGBTQ GENDER | | <input type="checkbox"/> a.Single <input type="checkbox"/> b.Married <input type="checkbox"/> c.Widowed <input type="checkbox"/> d.Separated CIVIL STATUS | | | |
| Name of Spouse (If married): | | | | | | | |
| HOUSEHOLD INFORMATION | | | | | | | |
| Type of Ownership: | | # of Years of Occupancy: | | No. of Household Members | | Current Source of Water: | |
| <input type="checkbox"/> Owned | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | <input type="checkbox"/> Dug Well (Tabay) <input type="checkbox"/> Neighbor with CWD water connection | |
| <input type="checkbox"/> Rented | | Occupation/ Source of Income | | Uses Septic Tank | | <input type="checkbox"/> Spring (Tubod) <input type="checkbox"/> Water Associations | |
| <input type="checkbox"/> Others, pls specify | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes: <input type="checkbox"/> Concrete <input type="checkbox"/> Non-Concrete | | <input type="checkbox"/> River (Sapa) <input type="checkbox"/> Others, _____ | |
| REGISTERED NAME (FOR BUSINESS/CORPORATE/GOVERNMENT ACCOUNT) | | | | | | | |
| ADDRESS OF THE WATER CONNECTION APPLIED FOR: | | | | | | | |
| HOUSE NO./BLOCK AND LOT NO/STREET NAME | | | SUBDIVISION/PUROK/SITIO | | BARANGAY | | MUNICIPALITY/CITY |
| CONTACT NUMBERS: 032- _____ | | | | | | | |
| | | | | LANDLINE | | MOBILE PHONE NUMBER | |
| <input type="checkbox"/> | | | | (I acknowledge to use this contact number for Customer Contact Information Enrollment and for whatever purpose it may serve.) | | | |
| WITH EXISTING WATER CONNECTION WITH CWD: | | | | LANDMARK / ACCOUNT NAME OF NEAREST NEIGHBOR WITH EXISTING CWD CONNECTION: | | | |
| <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) ORIENTATION DETAILS | | | | (7) APPROVED BY | | | |
| Date: _____ Time Start/Time End: _____ Oriented by: _____ | | | | Division/Department Manager-Commercial _____ DATE _____ | | | |
| (2) PAYMENT DETAILS | | | | (8) INSTALLATION DETAILS | | | |
| INSPECTION FEE | | APPLICATION FEE | | (8.1) WATER METER INFORMATION | | | |
| Amount: _____ | | Amount: _____ | | BRAND: _____ SIZE : _____ | | | |
| OR No: _____ | | OR No: _____ | | M. NO.: _____ Initial Rdg: _____ | | | |
| Date: _____ | | Date: _____ | | <input type="radio"/> Existing Tapstand <input type="radio"/> New Tapstand | | | |
| (3) INSPECTION REPORT | | | | Nearest Water Meter: _____ | | | |
| Pressure Gauge Reading: _____ <input type="checkbox"/> Existing Tapstand No. of meters on tapstand: _____ <input type="checkbox"/> For Installation of New Tap Stand | | | | (8.2) QUALITY CHECKLIST | | | |
| Inspected by: _____ | | | | <input type="checkbox"/> QUALITY CHECK CONDUCTED <input type="radio"/> Test Applicant's Service Connection <input type="radio"/> Check for Leakages (Tapstand & Meter Stand) <input type="radio"/> Check for Leakages (Faucet Stand) | | | |
| Date: _____ Time Start/Time End: _____ | | | | <input type="checkbox"/> QUALITY CHECK NOT CONDUCTED - NO WATER SUPPLY | | | |
| (4) ACCOUNT CLASSIFICATION | | | | Installed by: _____ | | | |
| <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) | | | | Date: _____ Time Start/Time End: _____ | | | |
| If commercial, please specify: _____ | | | | Conforme: _____ | | | |
| (6) APPROVAL RECOMMENDED | | | | SIGNATURE OVER PRINTED NAME OF THE APPLICANT | | | |
| | | | | (9) ACCOUNT DETAILS | | | |
| | | | | Zone & Book No.: _____ Class Code: _____ | | | |
| | | | | Account No.: _____ | | | |
| | | | | (9.1) QGIS COORDINATES (Updated?) | | (9.2) ENCODED BY: | |
| | | | | <input type="radio"/> YES <input type="radio"/> NO | | | |
| Customer Accounts Personnel _____ DATE _____ | | | | | | Printed Name / Date | |
| | | | | | | Printed Name / Date | |