

FORM C-1

**Pls fill-up all blanks legibly and completely.
Please type N/A if not applicable.**

Acct Number:	_____
Classification	_____
Pipe Size	_____
Meter Number:	_____
Initial Reading:	_____
Date Installed:	_____
Installed by:	_____

BAYAWAN WATER DISTRICT

CCC-221

APPLICATION FORM FOR NEW SERVICE CONNECTION

(To be filled-up by Applicant)

Date of Application:	_____		
Name of Applicant:	_____		
	(Last Name/Apelyido)	Given Name/Ngalan	Middle Name
Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/>	Age: <input type="text"/>	Civil Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/>
	MONTH DAY YEAR	Edad	
Present Address:	_____		
	No. Blk. Lot Street	Phase/Zone	Barangay
Installation Address:	_____		
	No. Blk. Lot Street	Phase/Zone	Barangay
Please Check:			
House made principally of:	<input type="checkbox"/> wood	<input type="checkbox"/> concrete	Years of Stay: _____ <input type="checkbox"/> Owned
Type of Connection:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	_____ <input type="checkbox"/> Rented

PERSONAL INFORMATION:

Mobile Number: _____
 Telephone Number: _____
 Occupation: _____
 Name of Employer: _____
 Employer Address: _____

Name of Spouse: _____
 Occupation: _____
 Total Number of Dependents: _____
 Number of Household Members: _____

Signature over Printed Name of Applicant

With my Consent: _____
Signature over Printed Name of Spouse

(To be filled-up by BAWAD)

REQUIREMENTS SUBMITTED:

- Tax Declaration/House Declaration -- House Declaration No. _____
- Certification (GK Village applicants) -- Date issued: _____
- Contract of Lease (if renting)
- Barangay Clearance -- Date Issued: _____
- Community Tax Certificate -- Res. Cert No. of Applicant _____ Issued on: _____ at: _____
- Lot Owner's Consent / Authorization -- date Issued: _____
- Deed of Sale
- Business Permit / Building Permit
- C7 Form - Waiver of account to BAWAD
- Any valid ID -- ID Presented: _____ ID. No. _____
- Orientation Seminar -- Date Attended: _____ Conducted by: _____

Received & Processed by: _____ <i>Signature Over Printed Name</i>	ASSESSMENT FEES: <i>Installation Fee:</i> _____ <i>Additional Materials:</i> _____ _____ Total _____
	RECOMMENDING APPROVAL: GINALYN P. PIOSCA Division Manager C
Approved by: ALMA L. ABRASALDO BAWAD, General Manager C	TELLER/PAYMENT DETAILS: <i>Installation Fee:</i> Date: _____ OR #: _____ Amount: _____ <i>Add'l. Materials:</i> Date: _____ OR #: _____ Amount: _____ _____ <i>Teller</i>

Very Important!! **SKETCH** of service connection location at the back please for immediate installation...