

# FORM C-6

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

## BAYAWAN WATER DISTRICT

CCC-221

### REQUEST FORM FOR WATER METER REPLACEMENT

(To be filled-up by Applicant)

Date of Request			
Account Name:			
	(Last Name/Apelyido)	Given Name/Ngalan	Middle Name
Account Number:		Meter No.:	
		Meter Name:	
Present Address:			
	No. Blk. Lot Street	Phase/Zone	Barangay
<b>Replacement of Water Meter due to:</b>			
A	<input type="checkbox"/>	<b>Stolen Water Meter</b>	
<i>Note: Water meter lost due to theft will be replaced by the BAWAD on the first incident upon verification and presentation of legal evidence. However, the concessionaire or account holder will replace lost water meter on succeeding incidents. ( Found in Section 5 and 6 of the Water Service Contract).</i>			
B	<input type="checkbox"/>	<b>Damaged Water Meter</b>	
<i>Note: The protection of water meters are the concessionaire's or the account holder's responsibility, replacement due to damage to the water meter will be handled by the concessionaire or the account holder. ( Found in Section 5 and 6 of the Water Service Contract).</i>			
<hr style="width: 30%; margin-left: auto;"/> <b>Signature over Printed Name of Applicant / Authorized Representative</b>			

#### A - Stolen Water Meter (To be filled-up by BAWAD)

**REQUIREMENTS SUBMITTED:**

- Any valid ID of the Account Holder -- ID Presented: \_\_\_\_\_ ID. No. \_\_\_\_\_
- Police Blotter
- Water Meter (1/2") Fee of Php 2,145.00 (on succeeding incidents) - OR. No. \_\_\_\_\_ Date of Payment: \_\_\_\_\_
- If through a representative:**
- Authorization letter from the Account Holder or the concessionaire
- Any valid ID of the Account Holder -- ID Presented: \_\_\_\_\_ ID. No. \_\_\_\_\_
- Any valid ID of the Authorize Representative -- ID Presented: \_\_\_\_\_ ID. No. \_\_\_\_\_

#### B - Damaged Water Meter (To be filled-up by BAWAD)

**REQUIREMENTS SUBMITTED:**

- Any valid ID of the Account Holder -- ID Presented: \_\_\_\_\_ ID. No. \_\_\_\_\_
- Water Meter (1/2") Fee of Php 2,145.00 - OR. No. \_\_\_\_\_ Date of Payment: \_\_\_\_\_
- If through a representative:**
- Authorization letter from the Account Holder or the concessionaire
- Any valid ID of the Account Holder -- ID Presented: \_\_\_\_\_ ID. No. \_\_\_\_\_
- Any valid ID of the Authorize Representative -- ID Presented: \_\_\_\_\_ ID. No. \_\_\_\_\_

Received & Processed by:

Recommending Approval:

APPROVED BY:

\_\_\_\_\_  
Signature Over Printed Name

**GINALYN P. PIOSCA**  
Division Manager C

**ALMA L. ABRASALDO**  
BAWAD, General Manager C