



PILI WATER DISTRICT
 Sta. Rita Agro Industrial Park
 San Jose, Pili, Camarines Sur
 Tel# (054)477-7131 loc. 111

FCSD-CSD 001-A
 March 2021
 Rev. 02

WATER SERVICE APPLICATION FORM

WSAF Control # _____

Name : _____
 (Last Name) (First Name) (Middle Name)

Location: _____

Contact #: _____

(I acknowledge to use this contact number for Customer Contact Information Enrollment and for whatever purpose it may serve.

Nature of Request:

- New Service Connection
- Transfer of Service Connection
- Re- Tapping of Service Connection
- Relocation of Water Meter
- Others _____

 Printed Name & Signature

 Date

Household Information

_____ No. of Household Members	_____ No. of Faucets	(YES/NO) Other Water Source	
____ male ____ female	_____ No. of CR	<input type="checkbox"/> Well (Bubon)	<input type="checkbox"/> Bottled Water
_____ Building/ House Floors	_____ No. of Shower Heads	<input type="checkbox"/> Rain Catchment	<input type="checkbox"/> Manual Water Pump
_____ No. of Vehicles Owned	_____ No. of Toilets	<input type="checkbox"/> Spring	<input type="checkbox"/> Electric Water Pump
(YES/NO) Uses Overhead Tank	_____ No. of Toilets w/ Flusher	<input type="checkbox"/> River	
_____ Storage Capacity (L)	(YES/NO) Uses Septic Tank		

LOCATION SKETCH OF Applied Water Service Connection

(All submitted documents and information provided shall be treated in accordance with RA 10173 otherwise known as Data Privacy Act of 2012)

to be filled up by PIWAD Personnel

A. INSPECTION & VERIFICATION

Location of Distribution Line

- Along Applicant's Location
- Across Applicant's Location
- (YES/NO) Needs BORING
 - Main Highway
 - Barangay Road
 - Subdivision Road
 - Others _____
- Concrete Cement
- Soil

Location Surface

- Flat Surface
- Elevated Surface
- Low- Lying Surface

Pipe Laying Information

- Road Right of way
- Private Lot

Lot Owner: _____

Needs Authorization Letter (YES/NO)

From: _____

Water Meter Size: _____

Adequacy/ Sufficiency (Water Source)

- Adequate
- Low Pressure to Intermittent due to _____

Inspector's Recommendation

- APPROVED**
- DISAPPROVED** due to _____

Customer's Acknowledgment

 Name & Signature/ Date

B. REQUIREMENTS COMPLIANCE

Inspection Fee (P100.00)
 Date & OR# _____

Valid I.D. _____

Orientation- Seminar
 Date: _____
 Represented by: _____

Proof of Ownership/ Lease Contract

- Land Title (TCT/CLT)
- Deed of Sale/Contract to Sell
- Deed of Donation/Certificate of Homelot Award
- Barangay Certificate
- Lease Contract
- Others _____

Authorization Letter
 From: _____
 Name of Representative: _____

Plumbing Lay-Out Plan (If Applicable)

Authorization to Tap
 Account Name _____
 Account Code _____

Business Permit/ Mayor's permit/ Brgy. Business Permit

Waiver

- Low Water Pressure
- Others _____

Special Power of Attorney (SPA)
 Name of Representative _____

Classification:

- Residential
 - Government
 - Commercial _____
- Nature of Business: _____

C. SCHEMATIC DIAGRAM

Nearest Service Connection:

Left Side: _____

Right Side: _____

Remarks: _____

D. FEES AND CHARGES

<p>Basic Fee</p> <p>Registration Fee _____</p> <p>Installation (Dist/Stub-Out/Tapping) _____</p> <p>WM Serv. & Mtce Fee _____</p> <p>Boring Fee (Nat'l/ Brgy) _____</p> <p>Concrete Breaking (Nat'l/Brgy) _____</p> <p>Concrete Restoration (Nat'l/Brgy) _____</p> <p>Asphalt Overlay _____</p> <p>Materials _____</p> <p>Labor</p> <p>Pipelaying _____</p> <p>_____</p> <p>Others</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">GRAND TOTAL _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="5">Materials to be used</th> </tr> <tr> <th>Description</th> <th>QTY</th> <th>Unit</th> <th>Unit Cost</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Saddle Clamp _____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>P.E. Tubing _____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Brass Fittings _____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Meterstand</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <table style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: right;">Payment Details</th> </tr> <tr> <td>OR#</td> <td>: _____</td> </tr> <tr> <td>Date</td> <td>: _____</td> </tr> <tr> <td>Amount</td> <td>: _____</td> </tr> <tr> <td style="text-align: right;">Teller</td> <td>_____</td> </tr> </table>	Materials to be used					Description	QTY	Unit	Unit Cost	Amount	Saddle Clamp _____					P.E. Tubing _____					Brass Fittings _____					Meterstand					Others:																														TOTAL					Payment Details		OR#	: _____	Date	: _____	Amount	: _____	Teller	_____
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Inspected by: _____ Inspector Date: _____	Assessed by: _____ Accounting Personnel Date: _____	Processed by: _____ Customer Service Personnel Date: _____	Approved by: _____ ANNAFE COLLAO-PATO Division Manager- FCSO Date: _____
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