



Republic of the Philippines
BAYAWAN WATER DISTRICT
CCC-221

Lot 1, Block N Don Gaspar Vicente Subdivision,
Brgy Villareal, Bayawan City, Negros Oriental 6221

TeleFax # (035)430-0361 / (035) 228-3349

Website: www.bawad.gov.ph

A U T H O R I Z A T I O N

Date: _____

This is to authorize _____ to represent me in my request for **RE-INSTALLATION / VOLUNTARY DISCONNECTION** of the water service connection with Bayawan Water District.

As such he/she can sign in my behalf all documents relative to my request for the account of _____ at _____
(Account Name) (Address)
_____ with account number _____.

I will conform to and abide by all the Rules and Regulations of the BAWAD pertaining to my request as signed by my authorized representative.

(Signature over Printed Name)

Grantor

(Signature over Printed Name)

Authorized Representatvie

NOTE: Please attach (1) one photocopy each of the VALID ID CARD of the Account Holder/owner and of the authorized representative. (Please avoid erasures. All erasures must ne countersigned by the applicant)