FORM C-4

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

BAYAWAN WATER DISTRICT

CCC-221

APPLICATION FORM FOR REROUTING OF WATER SERVICE CONNECTION

(To be fille	ed-up by Applicant	t)				
Date of Application:						
Account Name:						
		(Last Name/Apelyido)	Give	en Name/Ngala	an	Middle Name
Account Number:			Me	eter No.:		Meter Name:
Where is the Water Meter currently located?		Zone No.: Present Address:				
		No. Blk. Lot Street	Phas	se/Zone		Barangay
Where do you want your Water Meter REROUTED to?		Zone No.: New Address:	New Account	No.:		
		No. Blk. Lot Street	Phas	se/Zone		Barangay
-	-	With my Consent: Printed Name of Applicant ed Representative) Signature of Applicant			er Printed Name of Spouse	
(To be filled-up by BAWAD)						
REQUIREMENTS SUBMITTED:						
Tax Declaration/House Declation 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 Owne	er's Consent / Authorization	s Consent / Authorization date Issued:			
Ī	Deed of Sale					
Ī	Business Permit / Building Permit					
Ī	Any valid	I ID ID Presented:		1/	D. No	
Ī		g Fee of Php600.00 OR.				
Received 8	a Processed by:	Reco	Recommending Approval:		APPROVED BY:	
Signature Over Print		ted Name	GINALYN P. PIOSCA Division Manager C			ALMA L. ABRASALDO BAWAD, General Manager C
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