## FORM C-5

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

## **BAYAWAN WATER DISTRICT**

CCC-221

## REQUEST FORM FOR RE-INSTALLATION / VOLUNTARY DISCONNECTION

| (To be filled-up by A   | Applicant)        |   |                                 |                      |   |     |
|---|-------------------|---|---------------------------------|----------------------|---|-----|
| Date of Reques  | t                 |   |                                 |                      |   |     |
| Account Name:   |                   |   |                                 |                      |   |     |
|   | <u> </u>          | (Last Name/Apelyido)                                    | Given Name/N                    | lgalan               | Middle Name                               |     |
| Account Number  | er:               |   | Meter No                        | .:                   | Meter Name:                               |     |
| Present Address:  |                   | No. Blk. Lot Street                                     | Phase/Zone                      |                      | Barangay                                  |     |
| Type of Request   |                   | stallation  |                                 |                      |   |     |
| A <u> </u>  | Re-ins            | taliation   |                                 |                      |   |     |
| В   |                   | tary Disconnection<br>There should be no outstanding ba | _                               |                      |   |     |
|   |                   |   | Sig                             | -                    | ed Name of Applicant                      |     |
|   |                   |   |                                 | / Authorized         | Representative                            |     |
|   |                   |   |                                 |                      |   |     |
| A - Re-Instal   | llation (To b     | e filled-up by BAWAD)                                   |                                 |                      |   |     |
|   | TS SUBMITTED:     | e illieu-up by BAWAD)                                   |                                 |                      |   |     |
|   |                   |   |                                 | 15. N                |   |     |
| _   |                   | ınt Holder ID Presented:                                |                                 | ID. No. <sub>-</sub> |   |     |
| If through a rep  |                   |   |                                 |                      |   |     |
|   |                   | the Account Holder or the o                             |                                 | ID. N.               |   |     |
|   |                   | int Holder ID Presented:                                |                                 |                      |   |     |
| Any valid ID of the Authorize Representative ID Presented: ID. No ID. No Re-Installation Fee (Php 600 if Involuntary cut-off; Php198 if Voluntary Cut-off) OR. No |                   |   |                                 |                      |   |     |
| Re-Insta  | llation Fee (Php  | 600 if Involuntary cut-off; I                           | Php198 if Volun                 | tary Cut-off)        | OR. No                                    |     |
| B - Voluntar  | y Disconnect      | iOn (To be filled-up by BAV                             | NAD)                            |                      |   |     |
|   | TS SUBMITTED:     |   | ,                               |                      |   |     |
|   |                   | ınt Holder ID Presented:                                |                                 | ID No                |   |     |
| If through a rep  |                   | ili noidei ID Fleseilled.                               |                                 | ID. No               |   |     |
|   |                   | the Account Holder or the c                             | annonaionairo                   |                      |   |     |
|   |                   |   |                                 | ID No                |   |     |
|   |                   | int Holder ID Presented:                                |                                 |                      |   |     |
| Any valid   | ID of the Autho   | rize Representative ID P                                | resented                        | ID. NO               |   |     |
|   |                   |   |                                 |                      |   |     |
|   |                   |   |                                 |                      |   |     |
| Received & Processo   | ed by:            | Recommending Ap   | oproval:                        | APP                  | ROVED BY:                                 |     |
|   |                   |   | D DIOCC:                        |                      |   |     |
| Signatura   | Over Printed Name | _   | I <b>P. PIOSCA</b><br>Manager C |                      | ALMA L. ABRASALDO  BAWAD, General Manager | r.C |
| Signature   | ovor i ningu name | DIVISIOIT I   | wanager o                       |                      | DAWAD, Scheral Mallager                   | 5   |