DEPARTMENT OF WATER, COUNTY OF KAUAI

P.O. BOX 1706 • LIHUE, HAWAII 96766 • PH. 245-5430

APPLICATION FOR WATER SERVICE

LOT NO. _____

SUBDIVISION _____

TAX KEY _____

READ NEXT _____

SERVICE NUMBER _____ FOLIO _____

(C) SERVICE LOCATION

(A) NAME OF CUSTOMER

(A) MAILING ADDRESS 1

(A) MAILING ADDRESS 2

(B) MAILING ADDRESS 3

(B) MAILING ADDRESS 4

(C) WATER USE ZONE CODE

(C) WATER METER NO. _____ (C) MAKE _____ (C) SIZE _____

N/S 01

M M D D Y Y

(C) DATE METER INSTALLED

(C) SEWER CODE

(C) AGR

TRNSF 02

(D) READING IN M GALS.

(D) METER LOCATION

INSTALLED BY _____ PRESSURE _____ PSI

ROAD REPAIR _____

(TO BE COMPLETED BY INSTALLER OF WATER METER)

The undersigned hereby applies to The Board of Water Supply, County of Kauai, for water service and/or meter at above location; and in consideration of the installation of such service and meter, agrees to pay all charges incurred upon such location for such water service and to abide by all rules, regulations and provisions prescribed by The Board of Water Supply.

REMARKS

	OUT	K.D.	VER.	IN
BY				
DATE				

POSTED TO METER CARD BY _____

DATE OF APPLICATION _____

USE: DOMESTIC _____ HOTELS _____ MOTELS _____

COMMERCIAL _____ INDUSTRIAL _____

PUBLIC BUILDINGS _____ OTHER _____

NEW METER INSTALLATION - FIXED CHARGE $ _____

INSTALLATION DEPOSIT (ACTUAL COST TO BE CHARGED) $ _____

STATE HIGHWAY PERMIT CHARGE $ _____

FACILITIES RESERVE CHARGE $ _____

RE-OPENING FIXED CHARGE $ _____

ADVANCE DEPOSIT WATER USE $ _____

TOTAL AMOUNT TO REMIT $ _____

TRANSF. FROM ACCT. _____ RECT. NO. _____ AMT. _____

METER SIZE _____ SUB. REV. NO. _____

WORK ORDER NO. _____ RECEIPT NO. _____

APPROVED _____

ENGINEER

APPLICANT'S NAME _____

OWNER'S NAME _____

BY AUTHORIZED AGENT _____

EMPLOYED BY _____

PHONE: _____ RESIDENCE _____ BUSINESS

SIGNATURE X _____

PREVIOUS CONSUMER _____ DATE _____

RECEIVING CLERK

WHITE - OFFICE CANARY - CUSTOMER