



# APPLICATION FOR WATER SERVICE

Please complete & submit this form to our office along with the following:

- COPY OF A VALID PHOTO ID
  - PROOF OF PROPERTY OWNERSHIP OR
  - RENTAL AGREEMENT with \$210 refundable deposit made by cash or check; payable to Department of Water
- Submit application via email: Billing@kauaiwater.org or mail to: 4398 Pua Loke Street, Lihue, HI 96766. Questions? Call: 808-245-5430

SERVICE NUMBER	FOLIO
READ NEXT: _____	
FOR OFFICE USE ONLY	

**SERVICE LOCATION:** \_\_\_\_\_ **EFFECTIVE SERVICE START DATE:** \_\_\_\_\_  
Physical address of the property that you are applying water service for. (Include house number, Apt. #, Street/Road and Town)

**TMK:** \_\_\_\_\_ **PROPERTY OWNER'S NAME:** \_\_\_\_\_  
If the address is a vacant lot, please provide TMK #

**AUTHORIZING AGENT/PROPERTY MANAGER:** \_\_\_\_\_

**CUSTOMER INFORMATION:** Primary person financially responsible for this water service account (including billing, service notifications, etc.)

**NAME:** \_\_\_\_\_ **PHONE - HOME:**(\_\_\_\_\_) \_\_\_\_\_ **CELLPHONE:** (\_\_\_\_\_) \_\_\_\_\_  
Primary person financially responsible for the account.

**MAILING ADDRESS:** \_\_\_\_\_ **CITY, STATE, ZIP:** \_\_\_\_\_  
Mailing address where you would like your billing statements and notices sent to.

**EMPLOYER NAME:** \_\_\_\_\_ **WORK PHONE:** (\_\_\_\_\_) \_\_\_\_\_ **EMAIL:** \_\_\_\_\_  
Employer of person responsible for the account.

*The applicant/customer hereby applies to The Board of Water Supply, Department of Water, County of Kauai for water service and/or meter at the above location; and in consideration of the installation of such service and meter, agrees to pay all charges incurred upon such location of water service and to abide by all rules, regulations and provisions prescribed by the Board of Water Supply. Failure to pay all charges will result in collection proceedings. All applicants are required to notify the Department of Water of any changes to ownership and customer information on the account; including updating customer contact information. Sign up for BlackBoard Connect CTY notification services to receive emergency service announcements. Select BlackBoard Connect CTY notification preferences: Home phone \_\_\_\_ Cell phone \_\_\_\_ Text message \_\_\_\_ email \_\_\_\_*

**CUSTOMER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Must be signed by primary person financially responsible for the account.

## FOR OFFICE USE ONLY

TRANSFER FROM ACCT: _____	NEW METER INSTALLATION—FIXED CHARGE: \$ _____	<b>USE:</b> DOMESTIC: _____ HOTEL: _____ MOTEL: _____ COMMERCIAL: _____
RECT. NO.: _____	INSTALLATION DEPOSIT: \$ _____ <small>(Actual cost to be charged)</small>	INDUSTRIAL: _____ PUBLIC BUILDING: _____ OTHER: _____
AMOUNT: _____	STATE HIGHWAY PERMIT CHARGE: \$ _____	WATER USE ZONE: _____
METER SIZE: _____	FACILITIES RESERVE CHARGE: \$ _____	LOT NUMBER: _____ SUBDIVISION: _____
SUBDIVISION REV. NO.: _____	RE-OPENING FIXED CHARGE: \$ _____	WATER METER NO.: _____
WORK ORDER NO.: _____	ADVANCED DEPOSIT WATER USE: \$ _____	MAKE: _____ SIZE: _____ SEWER CODE: _____ AGR: _____
RECEIPT NO.: _____	TOTAL AMOUNT TO REMIT: \$ _____	METER LOCATION: _____
APPROVED BY: _____ ENGINEER	RECEIVING CLERK _____	READING IN M GALLONS: _____
POSTED TO METER CARD BY: _____	COPY SENT TO PR _____	INSTALLED BY: _____
		PRESSURE: _____ PSI