



APPLICATION FOR WATER SERVICE

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

- COPY OF VALID PHOTO ID AND
 - PROOF OF PROPERTY OWNERSHIP OR
 - **NOTARIZED RENTAL AGREEMENT SIGNED BY THE PROPERTY OWNER OR NOTARIZED LETTER OF AUTHORIZATION** 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: 808-245-5442.

ACCOUNT ID: _____

SP ID _____ Cycle/Route/Seq. _____

FOR OFFICE USE ONLY

SERVICE LOCATION: _____

Physical address of the property that you are applying for water service at (include house number, Apt. #, Street/Road and Town)

EFFECTIVE SERVICE START DATE: _____

NO WEEKENDS OR HOLIDAYS

TMK: _____

If the address is a vacant lot, please provide TMK #

PROPERTY OWNER'S NAME: _____

AUTHORIZING AGENT/PROPERTY MANAGER: _____

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

NAME: _____

Primary person financially responsible for the account.

PHONE - HOME: (____) _____

CELL PHONE: (____) _____

MAILING ADDRESS: _____

Mailing address where you like your billing statements and notices sent to.

CITY, STATE, ZIP: _____

EMAIL: _____

EMPLOYER NAME: _____

Employer of person responsible for the account.

WORK PHONE: (____) _____

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.

SELF-REGISTER TO RECEIVE WATER SERVICE OUTAGE & EMERGENCY ALERTS FOR YOUR LOCATION, AT WWW.KAUAI.GOV/KEMA

- OR -

SCAN THE QR CODE



CUSTOMER SIGNATURE: _____

Must be signed by primary person financially responsible for the account.

DATE: _____

FOR OFFICE USE ONLY

*** PHOTOCOPY OF VALID ID ***

NEW METER INSTALLATION—FIXED CHARGE: \$ _____

INSTALLATION DEPOSIT: \$ _____
(Actual cost to be charged)

FACILITIES RESERVE CHARGE: \$ _____

RE-OPENING FIXED CHARGE: \$ _____

ADVANCED DEPOSIT WATER USE: \$ _____

OTHER CHARGES: _____ \$ _____

TOTAL AMOUNT TO REMIT: \$ _____

TRANSFER FROM ACCT: _____

RECEIPT NO. & CHECK NO.: _____

COMPLETED BY & DATE: _____

RECEIVING STAFF & DATE: _____

FIELD ACTIVITY ID: _____

COPY SENT TO PR: ____ YES / ____ NO & DATE: _____

USE: DOMESTIC: ____ HOTEL: ____ MOTEL: ____ COMMERCIAL: ____

INDUSTRIAL: ____ PUBLIC BUILDING: ____ OTHER: ____

WATER USE ZONE: _____

LOT NUMBER: _____ SUBDIVISION: _____

WATER METER NO. & SIZE: _____

METER LOCATION: _____

READING IN K GALLONS: _____ PRESSURE: _____ PSI

TASK / WORK ORDER NO.: _____

INSTALLED BY & DATE: _____

ENGINEER'S APPROVAL & DATE: _____

LETTER OF AUTHORIZATION

I, _____ (OWNER OF THE PROPERTY) GIVE AUTHORIZATION TO

_____ (NAME OF APPLICANT) TO START WATER SERVICE AT

PROPERTY ADDRESS: _____.

OWNER'S SIGNATURE: _____

DATE: _____

OWNER'S PHONE #: _____

****COPY OF OWNER'S VALID ID IS REQUIRED OR NOTARIZED AUTHORIZATION****

Email: billing@kauaiwater.org