TOLEDO CITY WATER DISTRICT

Please return this form to the Billing Section after payment.

SERVICE REQUEST

(Change Meter, Voluntary Disconnection, Reconnection, Relocation & Others)

PERSONAL DETAILS (Current)

Full Name : _____

_____

Account No. : _____

Meter No. : _____

Address : _____

Route : ____ Sequence: _____

Date Applied : _____

Contact No. : _____

For Relocation

New Address : _____

_____

For Change Meter

METER ISSUANCE DETAILS

(For Warehouse)

SRS No. : _____

DATE ISSUED : _____

METER NO. : _____

BRAND : _____

MATERIAL : _____

ISSUED BY : _____

(Signature over printed Name)

DATE : _____

(For Assigned Person)

RECEIVED BY : _____

(Signature over printed Name)

INSTALLED BY : _____

(Signature over printed Name)

DATE : _____

LAST READING (OLD METER) : _____

INITIAL READING (NEW METER) : _____

(For Data Encoder)

ENCODED BY : _____

(Signature over printed Name)

DATE : _____

For Voluntary Disconnection

Reason: _____

_____

SERVICE

☐ CHANGE METER

☐ RELOCATION

☐ LOCKWING INSTALLATION

☐ Others (pls specify):

_____

_____

_____

_____

☐ VOLUNTARY DISCONNECTION

Last Reading : _____

Date : _____

Type of Lock : _____

☐ RECONNECTION

Last Reading : _____

Date : _____

Recon by : _____

CHARGES DUE

Particular	Amount	O.R. No.	Issued By

Total Amount : _____ -

SKETCH

CUSTOMER CONFORMITY: _____

(Signature over printed Name)

RECOMMENDING APPROVAL:

_____

SECTION HEAD

APPROVED BY:

_____

DIVISION MANAGER B
COMMERCIAL SERVICES

CHECKLIST OF REQUIREMENTS (at the Back)