



**SERVICE APPLICATION FORM**  
**New Installation and New Installation-Renewal**

**APPLICANT'S PERSONAL DETAILS**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Installation Address</b> (Sitio, Street Name, Barangay, City)		
<b>Date of Birth</b>	<b>Contact No.</b>	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Civil Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Legally Separated <input type="checkbox"/> Annulled		
<b>Spouse's Name (if Married)</b>		
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Type of Ownership</b> <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Others	<b>No. of Household Members</b> Adult _____ Minor _____ Total _____	<b>Nearest Neighbors w/Water Conn.</b> 1. _____ 2. _____
If rented, Name of Owner/If others, specify: _____		

In accordance with the existing rules and regulations of the Toledo City Water District, I would like to enter a water service contract with TCWD for a water service connection wherein service line installation has a cleared road right-of-way. I hereby conform to the rules and regulations of the TCWD which are now in force and effect and may be enforced hereafter.

\_\_\_\_\_      \_\_\_\_\_  
 Signature Over Printed Name of Applicant      Date

**DO NOT WRITE BEYOND THIS LINE**  
 (for TCWD personnel only)

<p align="center"><b>Servicing Section</b></p> <p>Requirements Submitted:</p> <input type="checkbox"/> Duly Accomplished Form <input type="checkbox"/> Valid Government-Issued ID <input type="checkbox"/> Barangay Clearance <input type="checkbox"/> 2x2 in. ID Picture <input type="checkbox"/> House Location Sketch <input type="checkbox"/> Proof of Authorization, if Rep. <input type="checkbox"/> Authorization Letter <input type="checkbox"/> Valid ID <input type="checkbox"/> Secretary's Certificate/ Board Resolution (Corporate) <p align="center"><b>Orientation - Seminar</b></p> <p>Date Attended: _____      Attended by: _____</p> <p>Facilitator: _____      (Signature Over Printed Name)</p> <p align="center"><b>Accredited Plumber's Info</b></p> <p>Name: _____      Contact No.: _____</p>	<p align="center"><b>Inspector</b></p> <p align="center"><b>Account Verification</b></p> <p><b>Classification</b></p> <input type="checkbox"/> Residential <input type="checkbox"/> Institutional <input type="checkbox"/> Government <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Commercial A <input type="checkbox"/> Commercial B <input type="checkbox"/> Commercial C Establishment Type: _____ <p><b>Connection Status</b></p> <input type="checkbox"/> New <input type="checkbox"/> Old <p><b>Location Details</b></p> <p>Dist. Cluster to HH (m): _____      No. of Meters in Cluster: _____      Nearest Meter: _____      Zone &amp; Route No.: _____      Sequence No.: _____</p> <p>Cluster Condition: <input type="checkbox"/> good      <input type="checkbox"/> defective valve  <input type="checkbox"/> for relocation      <input type="checkbox"/> for rehabilitation/repair</p> <p>Note/Remarks: _____</p> <p><b>Verified By:</b></p> <p align="center">_____      _____      Inspector Designate      Date</p>															
<p align="center"><b>Billing Section</b></p> <p>Service Appl. No. (for NI): _____      Account No. (for NI-Renewal): _____      This is to certify that this account has _____ outstanding balance.</p> <p><u>Norileh Ivy D. Adlawan</u>      _____      Billing Section Head      Date</p>	<p align="center"><b>Telling Section</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Particulars</th> <th>Amount</th> <th>OR No.</th> </tr> </thead> <tbody> <tr> <td>Install. Fee</td> <td align="right"><b>500.00</b></td> <td></td> </tr> <tr> <td>MSMC</td> <td align="right"><b>3,300.00</b></td> <td></td> </tr> <tr> <td>AR-WB</td> <td></td> <td></td> </tr> <tr> <td><b>Total</b></td> <td></td> <td></td> </tr> </tbody> </table> <p>Issued by: _____ Date: _____</p>	Particulars	Amount	OR No.	Install. Fee	<b>500.00</b>		MSMC	<b>3,300.00</b>		AR-WB			<b>Total</b>		
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<p align="center"><b>Recommended for Installation</b></p> <p>Received and evaluated the completeness and validity of the requirements submitted including the signed Water Service Contract and has undertaken all the necessary processes as to the application for NI/NI-Renewal.</p> <p align="center"><u>Dioscoro C. Alcalá Jr.</u>      _____      Servicing Section Head      Date</p>	<p align="center"><b>Approved for Installation</b></p> <p>We hereby approved the withdrawal of the water meter and fittings for the water service connection installation for the above applicant.</p> <p>Recommending Approval:      Approved by:</p> <p><u>Jenn Glaiza C. Gallego</u>      <u>Mary Desiree A. Cabante</u>      Division Manager      Department Manager</p>
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<p align="center"><b>Warehouse Section</b></p> <p>SRS No.: _____      Date Issued: _____      Meter No.: _____      Brand: _____      Material: _____      Condition: _____      Issued by: _____      (Signature Over Printed Name)      Date: _____      Received by: _____      (Signature Over Printed Name)</p>	<p align="center"><b>Installation Report</b></p> <p><input type="checkbox"/> Plumbing installation from the household to cluster is in conformance with TCWD prescribed standard.</p> <p><input type="checkbox"/> GIS coordinates has been captured and synced in the mobile app used.</p> <p>Initial Reading: _____      Installed by: _____      _____      _____      (Signature Over Printed Name)      Date</p>	<p align="center"><b>Account Activation</b></p> <p>Account No. : _____      Activation Date: _____</p> <p>I hereby certify that the account has been activated in the Water Billing and Collection System as to the correctness of the data being provided.</p> <p>Activated by:</p> <p align="center"><u>Daxcorbit T. Lebumfacil</u>      Data Encoder-Controller</p>
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