



WATER AND SEWERAGE AUTHORITY

CUSTOMER BUSINESS SERVICES

E-BILL REQUEST FORM

Please fill out required information in BLOCK LETTERS, together with a certified valid copy of either your National ID, Driver's Permit or Passport. (Ensure that your email is legible).

ACCOUNT ID:

Please supply your (10 digit) WASA Account No.

NAME OF APPLICANT :

First

Middle

Surname

NAME OF PROPERTY OWNER :

(If not same as above)

First

Middle

Surname

IDENTIFICATION

National ID/Driver's Permit/Passport No.

National ID/Driver's Permit/Passport No.

PROPERTY ADDRESS

EMAIL ADDRESS :

PHONE CONTACT:

Notice: By providing your contact details, you agree that the Water and Sewerage Authority ("the Authority") may use your mobile number or email address to send you automated alerts and important notifications regarding your account, service interruptions, or billing matters via SMS, WhatsApp, or email.

CUSTOMER SIGNATURE _____

Day Month Year

I understand that by making this request, the Authority will now send all future bills via the email address provided. I also agree that I am responsible for notifying the Authority of any changes to the email address at which I would like to receive by bills.

FOR OFFICIAL USE ONLY

CHECK LIST

- | | |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | Completed Form |
| <input type="checkbox"/> | Valid Form ID |
| <input type="checkbox"/> | Valid WASA Account |
| <input type="checkbox"/> | Authorisation Letter (If Required) |

CUSTOMER SERVICE REPRESENTATIVE _____

DATE _____