

WATER AND SEWERAGE AUTHORITY OF TRINIDAD AND TOBAGO



AGREEMENT/ APPLICATION FOR NEW WATER SERVICE

Payment of **\$737.50** must be made upon approval (this includes a non-refundable application fee of \$200.00).
If the request for the New Water Service Connection is deemed not feasible the amount of \$537.50 will be refunded.
Payments must be made via Cash, Certified Cheque, Linx or Credit Card only. Please complete this form in **(BLOCK LETTERS)**.

Section A - APPLICANT INFORMATION

NAME OF APPLICANT _____
Surname First name Other

COMPANY NAME _____

Phone Contact (1) _____ Phone Contact (2) _____

Phone Contact (3) _____ E-mail Address _____

PREMISE DETAILS No. _____ Lot _____ LP _____ Mile Mark _____

Street _____

Town/ Comm. _____

MAILING ADDRESS

Street _____

Town/ Comm. _____

Please tick appropriate boxes

Type of Property Vacant Land Completed Building Building Under Construction

Type of Activity Domestic Agricultural Commercial
 Charitable Industrial Cottage

VAT Registered? Yes No If yes, VAT No. _____ Date: _____
Day/ Month/ Year

Application for first time connection Yes No

I/ We the undersigned as owner(s)/ occupier(s) of the above mentioned premises hereby apply to have a water service connection to the said premises subject to the provisions of the Water & Sewerage Act, Chapter 54:40 and agree that the Authority may provide the supply on my behalf at my/ our expense.

I/ We the undersigned, do hereby agree to pay the Authority all expenses to be reasonably incurred in executing the work referred to above together with such sums/arrears as may be payable by way of water rates in respect of the said premises and to conform with the rates and charges as may be prescribed by the Authority under and by virtue of the Water and Sewerage Act Chapter 54:40.

I/ We the undersigned, agree that I/ we shall not make any additional connections or alterations including installation of water pumps to that portion of the service connection on my/our premises without prior consent in writing from the Authority.

I/ We understand that I/we are responsible for any statutory approvals which may be required for any building or construction on the premises and that satisfactory provisions have been made for drainage.

N.B. If pipes are to be routed through other properties or premises, please complete the Certificate of Way-leave Form. The connection fees and any other charges will be included on your first bill.

Section B - DECLARATION

I/ We the Tenant/ Agent/ Owner do hereby certify that the above information is true and correct to the best of my/ our knowledge and ability and that I/ We shall be liable to whatever penalty is prescribed in the Water and Sewerage Act Chapter 54:40 for any false information/ declarations.

ID Card No. (Must be entered)	Driver's Permit/ Passport No.	Applicant Name (BLOCK LETTERS)
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RIGHT THUMB PRINT Date: _____ Day/ Month/ Year	Applicant Signature _____
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ID Card No. (Must be entered)	Driver's Permit/ Passport No.	Applicant Name (BLOCK LETTERS)
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RIGHT THUMB PRINT Date: _____ Day/ Month/ Year	Applicant Signature _____
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FOR OFFICIAL USE ONLY		
Checked by: _____	Date: _____	Employee No.: _____
Authorized by: _____	Date: _____	Employee No.: _____

Section C - ASSESSMENT INFORMATION

TO BE COMPLETED BY WASA FIELD OFFICER

WARD _____

Name of Land Owner

Surname First name Other

Name of Tenant (Appearing on Sub Return)

Surname First name Other

Previous Land Owner

Surname First name Other

Premise Details

No. _____ Lot _____ LP _____ Mile Mark _____

Street _____

Town/ Comm. _____

Acreage

_____ acres _____ roods _____ perches _____ m2 _____ sq.ft.

Current L & B Number

_____ - _____

Previous L & B Number

_____ - _____

Number of Buildings

Annual Taxable Value

\$ _____

WASA Account No. _____

Effective Date of Assessment

Day/ Month/ Year

Icertify that the above-mentioned information is true and correct according to the records of the District Revenue Office. This information is valid for three (3) months.

Signature of Officer: _____

Date: _____

Day/ Month/ Year

SKETCH SHOWING DIRECTIONS TO PROPERTY

FOR OFFICIAL USE ONLY

New Account ID:

Case ID:

CUSTOMER BUSINESS SERVICES CENTRES

Head Office: Farm Road, St Joseph: 662-2302 Ext 2659/ 2672

Kew Place: Phillip Street, Port Of Spain – 662-2302 Ext 4611/ 4612/ 4613

Arima: Sorzano Street – 662-2302 Ext 6081/ 6082/ 6083

Couva: Corner, Millard Street & Southern Main Road – 662-2302 Ext 4907/ 4908

Chaguanas: Corner, Manic Street & Market Street – 662-2302 Ext 6304/ 6305

San Fernando: Mon Chagrin Street – 662-2302 Ext 6189/ 6115

Penal: Dookie Street – 662-2302 Ext 4930/ 4931

Princes Town: King Street – 662-2302 Ext 6850/ 6851

Sangre Grande: River Street – 662-2302 Ext 4870/ 4871/ 4872/ 4873

Point Fortin: Guapo Main Road – 662-2302 Ext 4910/ 4911

Trincity: Golden Grove Road, Arouca – 662-2302 Ext 5390/ 5391/ 5392

Tobago: Crooks River, Scarborough – 639-5152 Ext 6815/ 6816