WATER AND SEWERAGE AUTHORITY OF TRINIDAD AND TOBAGO

AGREEMENT/ APPLICATION FOR TEMPORARY WATER SERVICE

Please Complete Form In BLOCK LETTERS

Applicable where there is no legal documentation regarding ownership of the property.

NOT Applicable to vacant land

REQUIREMENTS: 2 valid copies of Picture Identification (National ID card, Driver's Permit or Passport), Recent **UTILITY BIL**L for the property, Deed of Comfort, Statutory Declaration prepared by a Commissioner of Affidavits (**Format available at Customer Service Centres or via www.wasa.gov.tt**)

Payment of a Disconnection Fee (advance) **$312.00** and New Water Service Connection **$737.50** which must be made upon approval. Total fee **$1,049.50.** (includes a non-refundable application fee of $200.00).

If the request for the New Water Service Connection is deemed **not feasible** the connection fee $537.50 and disconnection fee $312.00 will be refunded.

Payment must be made via Cash, Certified Cheque, Linx or Credit Card only.

Section A - APPLICANT INFORMATION

NAME OF APPLICANT _____
Surname First name Other

COMPANY NAME _____

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

E-mail Address _____

PREMISE DETAILS Building No. _____ Apt. No. _____ Postal Code _____ Lot _____

LP ____ Mile Mark _____

Street _____

Town/ Comm. _____

MAILING ADDRESS

Street _____

Town/ Comm. _____

Select ALL where applicable

Is the Premise part of a development? ☐ Yes ☐ No

Type of Property ☐ Vacant Land ☐ Completed Building ☐ Building Under Construction

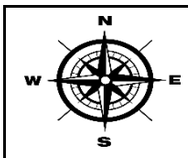
Type of Activity ☐ Domestic ☐ Agricultural ☐ Commercial
☐ Charitable ☐ Industrial ☐ Cottage

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

Application for first time connection ☐ Yes ☐ No

Regularising existing connection ☐ Yes ☐ No

SKETCH SHOWING DIRECTIONS TO PROPERTY



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)

RIGHT THUMB PRINT **Date:** _____ Day/ Month/ Year _____ **Applicant Signature**

ID Card No. (Must be entered)	**Driver's Permit/ Passport No.**	**Applicant Name** (BLOCK LETTERS)

RIGHT THUMB PRINT **Date:** _____ Day/ Month/ Year _____ **Applicant Signature**

FOR OFFICIAL USE ONLY

Checked by: _____ **Date:**_____ **Employee No.:**_____

Authorized by: _____ **Date:**_____ **Employee No.:**_____

New Account ID: [ ] **Case ID:** [ ]

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

I ……..……certify 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

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: O'Meara Plaza, O'Meara Road – 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/ 6308/11
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, 639-5056 Ext 6815/ 6816