



P.O. BOX 1335-00502 KAREN
TEL: 0110089724
Email: water@kwa.or.ke

APPLICATION FOR WATER CONNECTION

SECTION A: PERSONAL PARTICULARS

Name of applicant:

(Full name of applicant in block capitals)

Hereby apply to the Kerarapon Water Association for supply of water to my plot No _____ on _____

(Attach copy of title deed) _____ Drive, House NO _____ For domestic use. I agree to abide by the Kerarapon for water Association Constitution and the special Rules, Regulation and condition set out by the Kerarapon Water management committee from time to time.

Signature of Applicant

Date

Postal Address

Telephone Contact: _____ E-mail Address: _____

SECTION B: FOR OFFICE USE ONLY

Application discussed by the Committee on.

Approved /not approved

Remarks _____

Signed by: _____ **CHAIRMAN** _____ **SECRETARY** _____ **TREASURER**

SECTION C: TECHNICAL AND FINANCIAL DETAILS

Date of Connection: _____ Account No. _____

Connected from line _____

Signed: _____ Date _____

Technical officer

<u>Type of Connection/Service</u>	<u>Receipt No.</u>	<u>Amount (Kshs)</u>
New Member	<input type="checkbox"/>	_____
Change of Membership	<input type="checkbox"/>	_____
Meter Change	<input type="checkbox"/>	_____
KERA Membership Fee	<input type="checkbox"/>	_____
Constitution	<input type="checkbox"/>	_____
Other Payments (specify)	<input type="checkbox"/>	_____

Signed: _____ Date: _____
Office Manager

Remarks

Note: Original copy for the office, duplicate for the Treasurer and Triplicate copy to be given to the consumer when approved and connection is made.