

No: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Name (Last, Given, Middle): \_\_\_\_\_

If commercial, Official Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

Reference Account: \_\_\_\_\_ Landmark: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

To be filled by Customer Service Officer (prior to survey)					
INSTALLATION TYPE:		<input type="checkbox"/> TAPPING <input type="checkbox"/> PLUG CONNECTION <input type="checkbox"/> ACROSS <input type="checkbox"/> RECONNECTION			
Customer Application Type:		<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL			
JETMATIC <input type="checkbox"/> YES <input type="checkbox"/> NO	SEPTIC TANK <input type="checkbox"/> NONE <input type="checkbox"/> PRIVATE <input type="checkbox"/> COMMUNAL:				
REQUIREMENTS					
<input type="checkbox"/> OWNED *SARILI*			<input type="checkbox"/> LEASED *INUUPAHAN*		
PHOTOCOPY OF VALID ID WITH SIGNATURE SPECIMEN (XEROX ID)			PHOTOCOPY OF VALID ID WITH SIGNATURE SPECIMEN (XEROX ID)		
			PHOTOCOPY OF LEASED CONTRACT		
			AUTHORIZATION LETTER FROM OWNER		
			XEROX ID OF OWNER		
ADDITIONAL REQUIREMENTS:					
<input type="checkbox"/> IF WITH REPRESENTATIVE: 1. XEROX ID OF REPRESENTATIVE					
<input type="checkbox"/> FOR PLUG CONNECTIONS: 1. XEROX ID OF OWNER 2. AUTHORIZATION LETTER OF OWNER WITH MATCHING SIGNATURE TO ID OF OWNER					
<input type="checkbox"/> FOR RECONNECTIONS/ CHANGE NAME 1. OLD CONTRACT/ AFFIDAVIT OF LOSS / PROOF OF RELATIONSIP- MUST BE IMMEDIATE FAMILY <div style="text-align: right;">*FOR DECEASED ACCOUNT HOLDERS</div>					
<input type="checkbox"/> FOR RESIDENTS OF STO. DOMINGO VILLAGE / BARANGAY STA. MARIA/ SAN PATRICIO 1. CLEARANCE					
ADDITIONAL REMARKS:					
To be filled by Designated Surveyor					
CLASSIFICATION TYPE:		<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL			
INSTALLATION TYPE:		<input type="checkbox"/> TAPPING <input type="checkbox"/> PLUG CONNECTION <input type="checkbox"/> ACROSS <input type="checkbox"/> RECONNECTION			
JETMATIC <input type="checkbox"/> YES <input type="checkbox"/> NO	SEPTIC TANK <input type="checkbox"/> NONE <input type="checkbox"/> PRIVATE <input type="checkbox"/> COMMUNAL:				
IF APARTMENTS:	<input type="checkbox"/> NUMBER OF UNITS: _____ A. TAPPING _____ B. PLUG _____			# OF SEPTIC TANK :	
IF COMMERCIAL	<input type="checkbox"/> NUMBER OF STALLS: _____ A. TAPPING _____ B. PLUG _____			# OF SEPTIC TANK :	
REMARKS:					
SURVEYOR:					
	SIGNATURE OVER PRINTED NAME		SIGNATURE OVER PRINTED NAME		

Conforme:

Prepared by:

Customer's Signature over Printed Name

Customer Service Officer