|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BGY. BLUE RIDGE B: APPLICATION FOR WORK PERMIT FOR UTILITIES | | | | | | | | | | CONTROL # | | |
| DATE OF REQUEST  **${date\_of\_request}** | | | DATE OF WORK  **${date\_of\_work}** | | | | | | | WPU-00${id} | | |
| Name of Resident  **${last\_name}, ${first\_name}** | | | | | | | | Contact #:  **${contact\_no}** | | | | |
| ADDRESS:  ${address} | | | | | | | | | | | | |
| **SERVICE**  **PROVIDER** | ${service\_meralco} MERALCO | | ${service\_globe} GLOBE | | ${service\_pldt} PLDT | | | | ${service\_skycable} SKYCABLE | | | ${service\_cignal} CIGNAL |
| ${service\_manila\_water} MANILA WATER | | ${service\_smart} SMART | | ${service\_bayantel} BAYANTEL | | | | ${service\_destiny} DESTINY | | | ${service\_others} ${other\_service\_provider}  Others |
| **NATURE OF WORK TO BE DONE** | | ${nature\_new\_installation} NEW INSTALLATION | | ${nature\_repair\_maintenance} REPAIR/  MAINTENANCE | | | ${nature\_permanent\_disconnection} PERMANENT DISCONNECTION | | | | ${nature\_reconnection} RECONNECTION | |
| AUTHORIZATION & WAIVER  In my absence, I hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to allow  Personnel from above-named company to conduct work within my residence.  It is our responsibility to ensure that proper identification are presented by the work personnel and that adequate safety and security precautions are observed while they are within our promises. I relieve the Barangay of any obligation and liability regarding any untoward incident and quality of work rendered.  I further understand that NO PERMIT, NO WORK will be strictly implemented by the Barangay. | | | | | | | | | | | | |
| SIGNATURE | | | | | | DATE | | | | | | |
| **FOR BARANGAY USE ONLY** | | | | | | | | | | | | |
| RECEIVED BY: | | | | | | DATE: | | | | | | |
| APPROVED BY: | | | | | | DATE: | | | | | | |
| Notes: | | | | | | | | | | | | |
| WORK COMPLETED BY (Printed Name/ Signature) | | | | | | DATE: | | | | | | |