

	METROPOLITAN NAGA WATER DISTRICT	Document Code: CSDf16	
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	APPLICATION FOR RECONNECTION	Effectivity Date:	March 2017
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Republic of the Philippines
METROPOLITAN NAGA WATER DISTRICT
 40 J. Miranda Avenue, Naga City

APPLICATION FOR RECONNECTION

No. _____
 Date: _____

APPLICANT : _____
ADDRESS : _____
ACCOUNT NO. : _____

I hereby apply for Reconnection of my Water Service Connection located at _____ under Account No. _____ closed for:

1. Non-payment of water bills _____
2. Others : _____

I hereby certify that I have no past or present delinquency or accountability with Metropolitan Naga Water District.

I hereby permit any Authorized Representatives of the MNWD to enter the premises of my residence and/or building to enable them to perform their official duties.

I understand that a **TEN (10%) percent penalty charge** will be imposed on unpaid or overdue water bills.

I am willing to abide to whatever subsequent water rate increase that might be imposed. **That should I default in the payment of any of my monthly water bills, the District, without prior notice, is authorized to disconnect my Water Service Connection.**

I agree to notify the MNWD when, as owner, I transfer the ownership of the property, or when as a tenant, I leave the premises and pay whatever current accounts I have with the Water District.

I will conform to all the rules and regulations and implementing guidelines of the Metropolitan Naga Water District now existing or which may hereafter be issued or promulgated.

I understand that the MNWD shall not be responsible for the interruption of the service due to causes beyond its control and to disconnect the water service connection upon violation of any of the term of this contract.

I agree to abide with all the foregoing.

 Signature of Applicant

CONFORME:

 Lot/House Owner or Authorized Representative

STATEMENT OF ACCOUNTS:

PARTICULARS	AMOUNT	REMARKS:
Reconnection Charges	P _____	
Water Consumption Assessment	_____	
Fine _____	_____	
Others _____	_____	

TOTAL	P _____	

Paid under OR# _____
 Date _____

Prepared by:

Checked by:

Noted by:

ANTONIO MANUEL G. PABILEÑA
 Supervising Utilities/ Customer Service Officer

SHIRLEY B. PENA
 SUCSO/ AO-CSD

Date Disconnected: _____

ILLEGAL CONNECTION: Positive Negative _____
 Validated by: _____