

NEW SERVICE CONNECTION APPLICATION FORM

Application No. _____



PM-08-01-F04
REV. 0
August 1, 2018

Please complete all sections of this application

APPLICANT'S NAME (Last name, Given Name, Middle Name / Name of Institution)

Km. 2.5 Mc Arthur Highway, Matina, Davao City
Telephone No. (+63)(82) 235-3293
Website: <http://www.davao-water.gov.ph>

SEX Male Female

DATE OF BIRTH _____

TELEPHONE NUMBER
Mobile No./Landline _____

E-MAIL _____

MARITAL STATUS Single Married Widow/er

NAME OF SPOUSE (if married) _____

FATHER'S NAME

MOTHER'S NAME

ADDRESS OF WATER CONNECTION APPLIED FOR

No. of users _____

NAME OF NEIGHBOR _____

NEAREST WATER METER IDENTIFIER AND DLPC POST NUMBER
_____ & _____

WATER METER IDENTIFIER _____ **DLPC POST NUMBER** _____

APPLICANT I agree to comply with all the requirements pertaining to my application for new service connection. I certify that all the information above-given are true and correct.

✓ _____
Signature over Printed Name

HOUSE/BUILDING OWNER I own the house/ building where the water service is desired and hereby voluntarily bind myself to the terms and conditions of the water service contract of the applicant. I am aware that I am jointly and severally liable for the water billings and/or illegal acts committed by the applicant.

✓ _____
Signature over Printed Name

LOT OWNER I own the lot where the house/ building is situated and where the water connection is to be installed and hereby voluntarily bind myself to the terms and conditions of the water service contract of the applicant. I am aware that I am jointly and severally liable for the water billings and/or illegal acts committed by the applicant.

✓ _____
Signature over Printed Name

PLEASE DO NOT WRITE BELOW THIS LINE

I. TYPE OF APPLICANT:		II. REQUIREMENTS SUBMITTED:	
<input type="checkbox"/> Individual	<input type="checkbox"/> Government Agency/ Corporation/Instrumentality	<input type="checkbox"/> Certificate of Attendance to NSC Orientation	<input type="checkbox"/> Proof of Ownership of Lot (indicate type): _____
<input type="checkbox"/> Corporation		<input type="checkbox"/> Valid ID of : <input type="radio"/> applicant <input type="radio"/> lot owner <input type="radio"/> building owner	_____
III. WATER SOURCE:		<input type="checkbox"/> Proof of Authorization:	_____
<input type="checkbox"/> Dumoy	<input type="checkbox"/> Tibungco	<input type="checkbox"/> Special / General Power of Attorney	_____
<input type="checkbox"/> Riverside	<input type="checkbox"/> Malagos	<input type="checkbox"/> Secretary's Certificate/Board Resolution (for corporations)	_____
<input type="checkbox"/> Cabantian	<input type="checkbox"/> Toril	<input type="checkbox"/> Notarized Authorization, if applicable	_____
<input type="checkbox"/> Lomondao	<input type="checkbox"/> Calinan	<input checked="" type="checkbox"/> Enrol my mobile number for text blast	_____
IV. AVAILABILITY OF WATER SUPPLY:		<input type="radio"/> Yes <input type="radio"/> No	_____
<input type="checkbox"/> Continuous	<input type="checkbox"/> Low Pressure to intermittent		

Remarks(s): _____



I attest that I fully understand the foregoing facts and I conform to the procedures and requirements set by DCWD for the application for new service connection (NSC). I acknowledge that the foregoing was clearly explained to me by the Customer Service Assistant and during the Orientation. I am amenable that when I tick yes to have my mobile number be enrolled in the text blast I will receive text message advisories related to water service from DCWD (RA 10173 – Data Privacy Act of 2012). Further, I undertake to inform the applicant/relevant parties of the same to the best of my ability and shall protect the interest of DCWD should they file any action by reason hereof.

✓ _____
(Name and Signature of Applicant/Representative)

NSC ORIENTATION ATTENDANCE Date : _____ Location : Matina Bajada AM PM **Facilitated by :** _____ **RECEIVED AND CONFORMED BY** _____ **Date Filed :** _____ **CSA-FRONTLINE** _____ **SIGNATURE OVER PRINTED NAME** _____

DAVAO CITY WATER DISTRICT
Km. 2.5, Mc Arthur Highway, Matina, Davao City
Telephone No. (+63)(82) 235-3293

CUSTOMER'S COPY

NAME OF APPLICANT

DATE FILED _____ **INVESTIGATION SCHEDULE** _____

I. TYPE OF APPLICANT:

Individual Corporation Government Agency/Corporation/Instrumentality

II. WATER SOURCE:

Dumoy Toril Lubogan Tibungco 2 Riverside Calinan Panacan Malagos Cabantian Tugbok Lomondao

III. AVAILABILITY OF WATER SUPPLY:

Continuous Low Pressure to Intermittent

IV. WATER METER SIZE:

13mmØ 20mmØ Other _____

V. REQUIREMENTS SUBMITTED:

Certificate of Attendance to Orientation Govt. issued ID of : applicant lot owner building owner Proof of Authorization: Special/General Power of Attorney Secretary's Certificate/Board Res. Notarized Authorization Letter