



Dominica Water and Sewerage Company Limited

P.O.Box 185 . High Street . Roseau  
Commonwealth of Dominica  
Tel: 767 448 4811  
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Email: dowasco@cwdom.dm

## Application for Water/Sewerage Connection

### Customer Information:

Surname: ..... Name: .....

Company Name: .....

Service Address: .....

.....

Telephone No: Home: ..... Work: ..... Mobile: .....

Mailing Address: .....

Location of Property: .....

.....

### Service Information (Tick boxes that apply)

**Service Type:** Water  Sewerage

**Customer Type:** Domestic  Commercial  Industrial  Government

**Connection Size:** 1/2"  3/4"  1"  2"  Other

**No of Units on property:** \_\_\_\_\_

Is property piped to receive connection? YES  NO

Does your neighbor have piped water? YES  NO  If yes, name of neighbor.....

**I/We .....agree to be bound by the terms and conditions for water and sewerage service as shown overleaf.**

Signature.....Date .....

### For internal use only

Accepted on behalf of DOWASCO ..... Date: .....

Approved by Credit Control YES  NO  Signature:.....Date: .....

Customer Account # ..... Service Order # .....

Advance paid \$..... Receipt # ..... Cashier ..... Date .....