



# BAAO WATER DISTRICT

Maharlika Highway, La Medalla, Bao, Camarines Sur Philippines 4432

Tel. No. (054) 266 3161 or (054) 266 3642

**HOTLINE: (0927) 209 1820 or (0920) 231 3453**

Email: baoo\_wd@yahoo.com or baowater.info@gmail.com

[www.baowaterdistrict.gov.ph](http://www.baowaterdistrict.gov.ph)

## SERVICE APPLICATION CONTRACT

<b>APPLICANT:</b>		
<i>Surname</i>	<i>First Name</i>	<i>Middle Name</i>
<b>ADDRESS:</b>		
<i>House Number / Zone</i>	<i>Barangay</i>	<i>Municipality</i>
<b>TAX IDENTIFICATION NO. (TIN):</b>	<b>ACCOUNT NO.:</b>	

1. I hereby apply for a service connection, size \_\_\_\_\_, to be located at \_\_\_\_\_. I understand the connection will not be made until it is approved by the Baao Water District (BWD). I assume the responsibility for the water meter that passes through the pipe connection.
2. I hereby certify that I have no previous water connection with the BWD and that I have neither past nor present delinquency and accountability with the BWD or the defunct BRUWASA.
3. I AGREE TO HAVE A WATER METER INSTALLED AT THE LOCATION TO BE DESIGNATED AND APPROVED BY THE WATER DISTRICT AND THAT I SHALL BE LIABLE FOR THE LOSS AND DESTRUCTION OF WATER METER.
4. I UNDERSTAND THAT THE SERVICE CONNECTION WHICH BEGINS FROM THE DISTRIBUTION MAIN LINE SHALL BE PROVIDED BY THE CONCESSIONAIRE WHICH CAN ONLY BE INSTALLED BY AUTHORIZED BWD PERSONNEL AND THAT I WILL BE RESPONSIBLE FOR THE INSTALLATION AFTER THE METER AND THAT I SHALL BE RESPONSIBLE TO MAINTAIN AT ALL TIME ALL WATER LINES.
5. I understand that I have to secure necessary permits from the proper authorities for any excavation to be made and/or from any lot owner through which installation of service connection will pass through.
6. I AGREE AND PROMISE TO PAY IMMEDIATELY ALL CHARGES.
7. I hereby permit any authorized person/representative of the BWD to enter the premises of my residence/ establishment to enable them to perform their official duties.
8. I understand the ten (10%) percent penalty charge will be imposed on unpaid or overdue water bills and other charges.
9. 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 AND OTHER CHARGES THE BWD WITHOUT PRIOR NOTICE, IS AUTHORIZED TO DISCONNECT MY WATER CONNECTION IMMEDIATELY.
10. I agree to notify the BWD when as owner, I transfer the ownership of the property or when as TENANT, I leave the premises and pay whatever current account I have with BWD.
11. I promise that I will not allow a SUB-CONNECTION from my water service connection without the written permission and/or authority from the BWD.
12. I will conform to all the rules and regulations and implementing guidelines of the BWD now existing of which may hereafter be issued and/or promulgated.
13. I understand that the BWD shall not be responsible for the interruption of the service due to causes beyond its control and may disconnect the water service connection upon violation of any of the terms of this contract.
14. I agree to attend orientation/seminar at the BWD office for at least ONE (1) hour before installation of my water connection can be made.
15. I agree to abide with all the foregoing.

WITH CONFORMITY,

\_\_\_\_\_  
*Signature over Printed Name of Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature over Printed Name of  
Land/House Owner*

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ of \_\_\_\_\_ at Baao, Camarines Sur.

**SKETCH OF LOCATION OF PROPOSED SERVICE LINE**

**INVESTIGATION OF APPLICATION:**

SYSTEM IS  **ADEQUATE**  
 **NOT ADEQUATE**

**INVESTIGATED BY:**

*Signature over Printed Name* *Date*

**AVAILABILITY OF APPLICANT'S**

PLUMBING  **AVAILABLE**  
MATERIALS  **NOT AVAILABLE**

**VERIFIED BY:**

*Signature over Printed Name* *Date*

**AMOUNT OF CHARGES DUE:**

APPLICATION FEE	
SERVICE FEE	
TAPPING FEE	
INSPECTION FEE	
BORING FEE	
OTHER CHARGES	

MATERIALS	SIZE	QTY	
1. SADDLE CLAMP			
2. BRASS ADAPTOR			
3. BALL VALVE			
4. FITTINGS (SET)			
5. _			
6. _			
7. _			

**TOTAL AMOUNT** **PhP**

**OFFICIAL RECEIPT:**

**AMOUNT PAID:**

PhP

**DATE:**

**CASHIER:**

**BALANCE DUE:**

PhP

**TERMS OF PAYMENT:**

\_\_\_\_\_ Months  
PhP \_\_\_\_\_ per Month

**RECOMMENDING APPROVAL:**

**JEAN M. BARRAMEDA**  
*DIVISION MANAGER C*  
*FINANCE AND COMMERCIAL*

**INSTALLED BY:**

*Signature of Plumber over Printed Name*

*Date*

**APPROVED BY:**

**VICENTE VIC B. ROBOSA**  
*GENERAL MANAGER C*

**SERVICE CONNECTION RECORD:**

*Account Name:*

*Account No.:*

*Meter No.:*

*Initial Reading:*