

**WATER AND SEWERAGE AUTHORITY
OF TRINIDAD AND TOBAGO**

AGREEMENT/ APPLICATION FOR NEW WATER SERVICE



Please Complete Form In BLOCK LETTERS

REQUIREMENTS: Certificate of Payment from the District Revenue Office/City Hall or Borough Corporation, a copy of Registered Deed for Property/ Certificate of Amendment and an Articles of Amendment (for Corporate Entities), 2 valid copies of Picture Identification (National ID card, Driver's Permit or Passport), Cadastral Map and Statutory Declaration (**Format available at Customer Service Centres or via www.wasa.gov.tt**).

N.B. Authorization is required if applying on behalf of the Owner/Corporate Entity
Application Fee of **\$737.50** (this includes a non-refundable application fee of \$200.00).
If the request is deemed **not feasible** the amount of \$537.50 will be refunded.

Payments must be made via Cash, Certified Cheque, Linx or Credit Card only.

Section A - APPLICANT INFORMATION

NAME OF APPLICANT

Surname _____ First name _____ Other _____

PROPERTY OWNER

Surname _____ First name _____ Other _____

COMPANY NAME

Phone Contact (1)

Phone Contact (2)

E-mail Address

PREMISE DETAILS

Building No. _____ Apartment No. _____ Postal Code _____ Lot _____

LP _____ Mile Mark _____

Street

Town/ Comm.

MAILING ADDRESS

Street

Town/ Comm.

Select ALL where applicable

Is the Premise part of a development?

Yes No

Type of Property

Vacant Land Completed Building Building Under Construction

Type of Activity

Domestic Agricultural Commercial
 Charitable Industrial Cottage

VAT Registered?

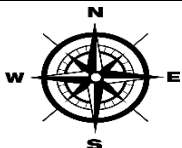
Yes No If yes, VAT No. _____ Date: _____

Day/ Month/ Year

Application for first time connection

Yes No

SKETCH SHOWING DIRECTIONS TO PROPERTY



I/ We the undersigned as owner(s)/ occupier(s) of the above mentioned premises hereby apply to have a water service connection to the said premises subject to the provisions of the Water & Sewerage Act, Chapter 54:40 and agree that the Authority may provide the supply on my behalf at my/our expense.

I/ We the undersigned, do hereby agree to pay the Authority all expenses to be reasonably incurred in executing the work referred to above together with such sums/arrears as may be payable by way of water rates in respect of the said premises and to conform with the rates and charges as may be prescribed by the Authority under and by virtue of the Water and Sewerage Act Chapter 54:40.

I/ We the undersigned, agree that I/ we shall not make any additional connections or alterations including installation of water pumps to that portion of the service connection on my/our premises without prior consent in writing from the Authority.

I/We understand that I/we are responsible for any statutory approvals which may be required for any building or construction on the premises and that satisfactory provisions have been made for drainage.

N.B. If pipes are to be routed through other properties or premises, please complete the Certificate of Way-leave Form. The connection fees and any other charges will be included on your first bill.

Section B - DECLARATION

I/ We the Tenant/ Agent/ Owner do hereby certify that the above information is true and correct to the best of my/ our knowledge and ability and that I/ We shall be liable to whatever penalty is prescribed in the Water and Sewerage Act Chapter 54:40 for any false information/ declarations.

| | | |
|-------------------------------|-------------------------------|--------------------------------|
| ID Card No. (Must be entered) | Driver's Permit/ Passport No. | Applicant Name (BLOCK LETTERS) |
|-------------------------------|-------------------------------|--------------------------------|

RIGHT THUMB PRINT _____ Date: _____ Day/ Month/ Year _____ Applicant Signature _____

| | | |
|-------------------------------|-------------------------------|--------------------------------|
| ID Card No. (Must be entered) | Driver's Permit/ Passport No. | Applicant Name (BLOCK LETTERS) |
|-------------------------------|-------------------------------|--------------------------------|

RIGHT THUMB PRINT _____ Date: _____ Day/ Month/ Year _____ Applicant Signature _____

FOR OFFICIAL USE ONLY

Checked by: _____ Date: _____ Employee No.: _____
 Authorized by: _____ Date: _____ Employee No.: _____

New Account ID: Case ID:

ASSESSMENT INFORMATION**TO BE COMPLETED BY WASA FIELD OFFICER**

WARD _____

Name of Land Owner

Surname _____ First name _____ Other _____

Name of Tenant (Appearing on Sub Return)

Surname _____ First name _____ Other _____

Previous Land Owner

Surname _____ First name _____ Other _____

Premise Details No. _____ Lot _____ LP _____ Mile Mark _____

Street _____

Town/ Comm. _____

Acreage

| | | | | |
|-------|-------|---------|----|--------|
| acres | roods | perches | m2 | sq.ft. |
|-------|-------|---------|----|--------|

Current L & B Number - **Previous L & B Number** -

Number of Buildings **Annual Taxable Value** \$

WASA Account No. _____ **Effective Date of Assessment** _____ Day/ Month/ Year

Icertify that the above-mentioned information is true and correct according to the records of the District Revenue Office. This information is valid for three (3) months.

Signature of Officer: _____ **Date:** _____ Day/ Month/ Year

CUSTOMER BUSINESS SERVICES CENTRES

- Head Office:** Farm Road, St Joseph: 662-2302 Ext 2659/ 2672
- Kew Place:** Phillip Street, Port Of Spain – 662-2302 Ext 4611/ 4612/ 4613
- Arima:** O'Meara Plaza, O'Meara Road – 662-2302 Ext 6081/ 6082/ 6083
- Couva:** Corner, Millard Street & Southern Main Road – 662-2302 Ext 4907/ 4908
- Chaguanas:** Corner, Manic Street & Market Street – 662-2302 Ext 6304/ 6305/ 6308/11
- San Fernando:** Mon Chagrin Street – 662-2302 Ext 6189/ 6115
- Penal:** Dookie Street – 662-2302 Ext 4930/ 4931
- Princes Town:** King Street – 662-2302 Ext 6850/ 6851
- Sangre Grande:** River Street – 662-2302 Ext 4870/ 4871/ 4872/ 4873
- Point Fortin:** Guapo Main Road – 662-2302 Ext 4910/ 4911
- Trincity:** Golden Grove Road, Arouca – 662-2302 Ext 5390/ 5391/ 5392
- Tobago:** Crooks River, Scarborough – 639-5152, 639-5056 Ext 6815/ 6816