



WATER AND SEWERAGE AUTHORITY OF TRINIDAD AND TOBAGO

AGREEMENT/APPLICATION FOR NEW WATER SERVICE

There is a non-refundable application fee of \$200.00, which will be included in the connection fee upon approval
Payment can be made via Cash, Certified Cheque, Linx or Credit Card

Applicant Information:

TEMPORARY CONNECTION

First Name: [grid]

Middle Name: [grid]

Surname: [grid]

Contact No: (Home): [grid]

(Cell) [grid]

(Work): [grid]

Ext [grid]

Email: \_\_\_\_\_

Service Details: Lot # \_\_\_\_\_ House # \_\_\_\_\_ Light Pole# \_\_\_\_\_ Mile Mark \_\_\_\_\_

Street 1 \_\_\_\_\_

Street 2 \_\_\_\_\_

Town/Community \_\_\_\_\_ Land Mark \_\_\_\_\_

Mailing Address \_\_\_\_\_

Type of Property: [ ] Vacant Land [ ] Completed Building [ ] Building Under Construction

Type of Service : [ ] Domestic [ ] Agricultural [ ] Commercial

[ ] Charitable [ ] Industrial [ ] Cottage

Vat Registration # \_\_\_\_\_ (if applicable)

Fitting [ ] Yard Tap [ ] Building Tap [ ] Internal Service [ ] Swimming Pool

Please tick appropriate box: Application for first time connection [ ] Yes [ ] No
Regularising existing connection [ ] Yes [ ] No

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 fee and any other charges will be included on your first bill.

PART II

FOR OFFICIAL USE

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.

I / We also give the Authority permission to establish and use a provisional assessment on the building and agree to pay water rates and charges based on the value thereby determined until the building is assessed by the relevant District Revenue Office/Regional Corporation.

I.D./D.P./PASSPORT#: \_\_\_\_\_ NAME IN BLOCK LETTERS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DD / MMM /YYYY

RIGHT THUMB PRINT:

...  
PART III

WARDEN'S CERTIFICATE OF ASSESSMENT OF PREMISES

(To be completed by the District Revenue Office)

**Ward:**

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**Name of Land Owner**

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname:

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**Name of Tenant (Appearing on Sub Return:**

First Name:

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Middle Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Name

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Surname

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**Property Address:**


**Land & Building Number:**

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**Annual Taxable Value of building to be connected:**

\$							
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**Effective Date of Assessment** \_\_\_\_\_

**WASA Account Number**

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dd / mmm / yyyy

I..... certify 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 Warden: \_\_\_\_\_

Date: \_\_\_\_\_

dd / mmm /

yyyy

**N.B. Applicants who are occupiers of state land must attach the letter of Authorization from the Land Settlement Agency**

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**PART IV**

**DISTRICT MEDICAL OFFICE**

I certify that the plans of the building to be connected have been deposited with and approval by the \_\_\_\_\_ and that satisfactory provisions have been made for the drainage of the building.

DATE: \_\_\_\_\_

\_\_\_\_\_  
MEDICAL OFFICER OF HEALTH

dd / mmm / yyyy

FOR OFFICAL USE

Work Request No:

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Account No:

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File No:

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Receipt No:

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WATER AND SEWERAGE AUTHORITY  
OF TRINIDAD & TOBAGO

**CUSTOMER BUSINESS SERVICES DEPARTMENT**

**Head Office:** Farm Road, St Joseph – 662-2302 Ext. 3150,3160,3194

**Kew Place:** Phillip Street, Port of Spain – 625-8568,625-8569

**Arima:** Sorzano Street 667-4981, 667-4992

**San Fernando** Mon Chargin Street– 653-0083,653-0088

**Princes Town:** King Street – 655-7078

**Point Fortin:** 26 Guapo Road – 648-2680, 648-3039

**Tobago:** Caroline Building Scarborough – 639-5056,639-5152