



APPLICATION FOR WATER SERVICE

Please complete & submit this form to our office along with the following:
 ● COPY OF A VALID PHOTO ID AND
 ● PROOF OF PROPERTY OWNERSHIP OR
 ● NOTARIZED RENTAL AGREEMENT SIGNED BY THE PROPERTY OWNER OR NOTARIZED LETTER OF AUTHORIZATION with \$210 refundable deposit made by cash or check; payable to Department of Water
 Submit application via email: Billing@kauaiwater.org or mail to: 4398 Pua Loke Street, Lihue, HI 96766. Questions? Call: 808-245- 5442

SERVICE NUMBER	FOLIO
READ NEXT: _____	
FOR OFFICE USE ONLY	

SERVICE LOCATION: _____ **EFFECTIVE SERVICE START DATE:** _____
Physical address of the property that you are applying water service for. (Include house number, Apt. #, Street/Road and Town)

TMK: _____ **PROPERTY OWNER'S NAME:** _____
If the address is a vacant lot, please provide TMK #

AUTHORIZING AGENT/PROPERTY MANAGER: _____

CUSTOMER INFORMATION: *Primary person financially responsible for this water service account (including billing, service notifications, etc.)*

NAME: _____ **PHONE - HOME:**(_____) _____ **CELLPHONE:** (_____) _____
Primary person financially responsible for the account.

MAILING ADDRESS: _____ **CITY, STATE, ZIP:** _____
Mailing address where you would like your billing statements and notices sent to.

EMPLOYER NAME: _____ **WORK PHONE:** (_____) _____ **EMAIL:** _____
Employer of person responsible for the account.

The applicant/customer hereby applies to The Board of Water Supply, Department of Water, County of Kauai for water service and/or meter at the above location; and in consideration of the installation of such service and meter, agrees to pay all charges incurred upon such location of water service and to abide by all rules, regulations and provisions prescribed by the Board of Water Supply. Failure to pay all charges will result in collection proceedings. All applicants are required to notify the Department of Water of any changes to ownership and customer information on the account; including updating customer contact information. To receive emergency service announcements from the Department of Water, County of Kauai, please select your notification preferences here: Home phone ____ Cell phone ____ Text message ____ email ____

CUSTOMER SIGNATURE: _____ **DATE:** _____
Must be signed by primary person financially responsible for the account.

----- **FOR OFFICE USE ONLY** -----

TRANSFER FROM ACCT: _____	NEW METER INSTALLATION—FIXED CHARGE: \$ _____	USE: DOMESTIC: _____ HOTEL: _____ MOTEL: _____ COMMERCIAL: _____
RECT. NO.: _____	INSTALLATION DEPOSIT: \$ _____ <small>(Actual cost to be charged)</small>	INDUSTRIAL: _____ PUBLIC BUILDING: _____ OTHER: _____
AMOUNT: _____	STATE HIGHWAY PERMIT CHARGE: \$ _____	WATER USE ZONE: _____
METER SIZE: _____	FACILITIES RESERVE CHARGE: \$ _____	LOT NUMBER: _____ SUBDIVISION: _____
SUBDIVISION REV. NO.: _____	RE-OPENING FIXED CHARGE: \$ _____	WATER METER NO.: _____
WORK ORDER NO.: _____	ADVANCED DEPOSIT WATER USE: \$ _____	MAKE: _____ SIZE: _____ SEWER CODE: _____ AGR: _____
RECEIPT NO.: _____	TOTAL AMOUNT TO REMIT: \$ _____	METER LOCATION: _____
APPROVED BY: _____ ENGINEER	RECEIVING CLERK _____	READING IN M GALLONS: _____
POSTED TO METER CARD BY: _____	COPY SENT TO PR _____	INSTALLED BY: _____
		PRESSURE: _____ PSI

LETTER OF AUTHORIZATION

I, _____ (OWNER OF THE PROPERTY) GIVE AUTHORIZATION TO

_____ (NAME OF APPLICANT) TO START WATER SERVICE AT

PROPERTY ADDRESS: _____.

OWNER'S SIGNATURE: _____

DATE: _____

OWNER'S PHONE #: _____

****COPY OF OWNER'S VALID ID IS REQUIRED OR NOTARIZED AUTHORIZATION****

Email: billing@kauaiwater.org