

NEW INSTALLATION
 RECONNECTION

OWNER
 TENANT

HAWAII WATER SERVICE COMPANY / PUKALANI
Application for Sewage Disposal Service

TMK#:				
ACCT#:				
STREET ADDRESS:				
DATE OF APPLICATION:				
		DEPOSIT:	CLASS:	PURPOSE:
DATE OF SERVICE:				
OWNER (1) / AGENT:				
OWNER (2):				
BILLING INFORMATION				
APPLICANT'S NAME:				
ADDRESS:				
CITY / STATE		ZIP		
LAST 4 SOC. SEC. NO.:	1)	2)		
HOME/PRIMARY PHONE:	DOB:			
CELL/ALTERNATE PHONE:	()	email:		

THE UNDERSIGNED HEREBY APPLIES TO HAWAII WATER SERVICE COMPANY FOR SEWAGE DISPOSAL SERVICE AT THE ABOVE LOCATION AND IN CONSIDERATION FOR THE PROVISION OF SUCH SERVICE, AGREES TO PAY ALL CHARGES INCURRED AT SUCH LOCATION FOR SUCH UTILITY SERVICE AND TO ABIDE BY AND BE SUBJECT TO ALL RULES, REGULATIONS AND PROVISIONS PRESCRIBED BY HAWAII WATER SERVICE CO."RULES AND REGULATIONS" AS AUTHORIZED BY THE PUBLIC UTILITIES COMMISSION OF THE STATE OF HAWAII RELATING TO UTILITY SERVICE AND/OR RATES. THE UNDERSIGNED UNCONDITIONALLY GUARANTEES PAYMENT OF ALL CHARGES FOR UTILITY SERVICE OF THE LOCATION DESCRIBED HEREIN IN ACCORDANCE WITH THE RULES AND REGULATIONS, INCLUDING BUT NOT LIMITED TO CHARGES INCURRED BY PRESENT AND FUTURE TENANTS OF THE UNDERSIGNED OR OTHER PARTIES HAVING ACCESS TO SAID LOCATION. PLEASE RETURN THIS FORM TO THE HAWAII WATER SERVICE CO. REPRESENTATIVE FOR PROCESSING.

BY SIGNING BELOW YOU ACKNOWLEDGE YOU HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE TERMS.

(X) _____
 SIGN AND DATE - TENANT

(X) _____
 SIGN AND DATE - OWNER (1)

(X) _____
 SIGN AND DATE - ACTING AGENT

(X) _____
 SIGN AND DATE - OWNER (2)

RECEIVING CLERK: _____ APPROVING CLERK: _____