



Hawaii Water Service West Hawaii Sewer Company



NEW INSTALLATION
RECONNECTION

OWNER
TENANT

LOT # _____ ACCOUNT # _____

STREET ADDRESS _____

DATE OF APPLICATION _____ DATE OF SERVICE _____

SERVICE FEE _____ CURRENT RATE _____ DEPOSIT _____ CLASS _____ PURPOSE _____

OWNER (1) / AGENT _____

OWNER (2) _____

Billing Information

APPLICANT'S NAME _____

ADDRESS _____

CITY / STATE _____ ZIP _____

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER (1) _____ LAST 4 DIGITS OF SOCIAL SECURITY NUMBER (2) _____

HOME / PRIMARY PHONE _____ CELL / ALTERNATE PHONE _____

EMAIL _____ DATE OF BIRTH _____

Authorization

THE UNDERSIGNED HEREBY APPLIED TO WEST HAWAII SEWER COMPANY FOR SEWER SERVICE AT THE ABOVE LOCATION AND IN CONSIDERATION OF THE INSTALLATION OF SUCH SERVICE AND METER, AGREES TO PAY ALL CHARGES INCURRED UPON SUCH LOCATION FOR SUCH SEWER SERVICE AND TO ABIDE BY ALL RULES, REGULATIONS, AND PROVISIONS PRESCRIBED BY WEST HAWAII SEWER COMPANY AND AUTHORIZED BY THE PUBLIC UTILITIES COMMISSION OF THE STATE OF HAWAII RELATING TO SEWER SERVICE AND/OR RATES. THE UNDERSIGNED UNCONDITIONALLY GUARANTEES PAYMENT OF ALL CHARGES FOR SEWER SERVICE DURING HIS/HER TENURE AS OWNER OF THE LOCATION DESCRIBED HEREIN, INCLUDING BUT NOT LIMITED TO CHARGES INCURRED BY PRESENT AND FUTURE TENANTS OF THE OWNER OR OTHER PARTIES HAVING ACCESS TO SAID LOCATION.

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

SIGN AND DATE — TENANT _____ SIGN AND DATE — OWNER (1) _____

SIGN AND DATE — ACTING AGENT _____ SIGN AND DATE — OWNER (2) _____

RECEIVING CLERK _____ APPROVING CLERK _____