

NEW INSTALLATION   
 RECONNECTION

OWNER   
 TENANT

**HAWAII WATER SERVICE COMPANY  
 WEST HAWAII SEWER COMPANY**

LOT#:				
ACCT #:				
STREET ADDRESS:				
DATE OF APPLICATION:				
SERVICE FEE:	CURRENT RATE:	DEPOSIT:	CLASS:	PURPOSE:
DATE OF SERVICE:				
OWNER (1) / AGENT:				
OWNER (2):				
<b>BILLING INFORMATION</b>				
APPLICANT'S NAME:				
ADDRESS:				
CITY / STATE		ZIP		
LAST 4 SOC SEC NO/ TAX ID				
HOME/PRIMARY PHONE:	( ) -			
CELL/ALTERNATE PHONE:	( )			
EMAIL & DATE OF BIRTH:				

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 HERIN, 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.**

(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: \_\_\_\_\_

