



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 / TAX ID

.....
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