

NEW INSTALLATION
 RECONNECTION

OWNER
 TENANT

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

LOT#:				
ACCT#:				
STREET ADDRESS:				
DATE OF APPLICATION:				
SERVICE FEE:	CURRENT RATE:	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:	()	-		
CELL/ALTERNATE PHONE:	()-			
EMAIL & DATE OF BIRTH:				

THE UNDERSIGNED HEREBY APPLIED TO WEST HAWAII WATER COMPANY FOR WATER 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 WATER SERVICE AND TO ABIDE BY ALL RULES, REGULATIONS AND PROVISIONS PRESCRIBED BY WEST HAWAII WATER COMPANY AND AUTHORIZED BY THE PUBLIC UTILITIES COMMISSION OF THE STATE OF HAWAII RELATING TO WATER SERVICE, AND/OR RATES. THE UNDERSIGNED UNCONDITIONALLY GUARANTEES PAYMENT OF ALL CHARGES FOR WATER 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: _____