



MERU WATER AND SEWERAGE SERVICES (Registered Trustees)

ALONG NAKUMATT-KINORU STADIUM ROAD

P.O BOX 859-60200, MERU, E-Mail Address: info@mewass.or.ke

TEL. 064-32591/0717527707

APPLICATION FOR NEW WATER CONNECTION

(A) APPLICANT'S DETAILS

Applicants name

ID NO.PIN NO.....
(Attach Copy of ID and Pin)

P.O. Box Tel..... Email.....

Plot No. **(Attach copy of Title Deed)**

Building Name / House NoEstate.....

Road/Street.....Sub-location..... **(Attach map)**

Employer's name Address Tel.....

Landlord's Name.....Address..... Tel.....
(Attach Landlord's letter of authority and copy of his/her ID card.)

State the existing connection(s) in the premises.....

The purpose of water consumption/use shall be for (Tick): -

- (a) Domestic (i) Individual House (ii) Communal (b) Water Kiosk (c) Shop/Office (d) Bar/Restaurant/Lodging (e) Hotel (g) Dispensary/Health Center/Hospital (h) Construction (i) School/College/Institution (j) Industrial

Preferred mode of communication for billing of our services a) SMS b) E-mail c) Postal address (discouraged)

I/we hereby apply for a water connection to the above premises location. I/ we understand that the connection will be made after approval and on payment of all fees and charges due by the applicant. I/we agree to abide by the current water tariffs and Trust regulations for the time being in force relating to water supply services. I/we also understand that pipes and fittings so used between the supply main and water meter will become the property of the Trust up to and including the water meter for purpose of operations and maintenance and I/we will assume the responsibility of those after the meter including the security of the water meter itself. I/We guarantee the Trust that there is no other connection prior to the one being applied for, which has not been disclosed.

Signature.....Date.....

FOR OFFICIAL USE ONLY

(B) Customer Relations Desk

Customer details checked Signature..... Date.....

(C) Accounts

Old/New connection No..... Account No.....

Deposit amount (Kshs)..... Receipt No.Dated.....

A.A Revenue's signature.....Date.....