

Account No.

Date

Customer Service Application Form



Water Authority-Cayman

Applicant Information (All applicants must fill out Applicant and Service Information)

Surname/Company Name First Name Middle Initial

Applicant's Employer/Occupation

Applicant's Nationality

Physical Address (House no. and street name)

Apartment/Suite

District

Home Telephone No.

Work Telephone No.

Mobile Telephone No.

Fax No.

Mailing Address

P.O. Box No. / Street Address

District/City/State

Country/Zip Code

Location of Service (If different from physical address)

Physical Address (House No. and Street Name)

Block No. / Parcel No.

Duplicate Billing

Name

P.O. Box No./Street Address

District/City/State

Country/Zip Code

Choose a billing option:

Electronic billing Postal Delivery

Email Address

Service Information

Water Services

- Residential Multi-Residential
 Commercial Public Authority
 Fire Hydrant Trucker

Wastewater Services

- Residential Multi-Residential
 Commercial Public Authority
 Septage/Trucker

Residence Size:

- Small (<2 bedrooms) Medium (3-4 bedrooms) Large (>4 bedrooms)
 Swimming Pool Irrigation

Multi-Residential:

- No. of Units _____ No. of Floors _____
 Small (<2 bedrooms) Medium (3-4 bedrooms) Large (>4 bedrooms)
 swimming pool Irrigation

Hotel Size:	No. of Rooms _____ <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Restaurant	No. of Floors _____ <input type="checkbox"/> Irrigation
Commercial:	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Retail/shop <input type="checkbox"/> Office
Trucker:	No. of Trucks _____	Size of Trucks (capacity/gals): _____

Meter Location

Payment options

Standing Credit Card Payment Option

Credit Card No.	Expiration Date
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Direct Debit Payment Option

Name of Bank	Account No.	Type of Account Savings / Checking	Currency USD / KYD
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Terms of Agreement

Between the Water Authority of the Cayman Islands and _____, (the Applicant)

- The Applicant shall ensure that all bills rendered are paid in full on or before the 21st day following the date on which the bill is issued. The Authority will add a late payment charge equal to 1.5 percent of the outstanding account balance to any account, which is not paid on or before the 21st day following the date on which the bill is issued.
- Payment of all deposits, connection fees, meter rental charges, sewerage charges, water usage charges and septage disposal charges are the exclusive responsibility of the Applicant.
- Non-payment of any account on demand will result in the service being disconnected and only reconnected upon settlement of the outstanding account, all incidental charges incurred in relation to the outstanding account (including legal charges), payment of an additional deposit and an additional re/connection fee.
- All customers shall pay a minimum monthly charge in order to maintain an active account and a continuity of supply. This charge is subject to change by regulation made by the Government.
- The Applicant hereby authorises the Authority to activate this service upon installation.
- The Applicant hereby authorises the Water Authority of the Cayman Islands to disconnect other accounts which are held in the name of the undersigned, should the account become delinquent and payments become outstanding, there under.
- The Water Authority of the Cayman Islands reserves the right to disconnect any account which in their opinion should be disconnected and further, to take any action against the applicant should there be any breach of this Agreement.
- For Water Service Applicants, the Applicant is solely responsible for all works done downstream of the outlet side of water meter, and is solely responsible for any water lost through failure and/or damage of those works, regardless of whether the failure and/or damage was the fault of the Applicant or a third party.

I, _____ (the Applicant), state that I have read and accept the terms attached to this Application, and understand the terms on which these services will be provided by the Authority. I also verify that the information provided in relation to this Application Form is true to the best of my knowledge and belief. I understand that any false information provided in relation to this Application Form may result in the immediate termination of the services.

Applicant's Signature

Date

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