



FOR OFFICE USE ONLY	
APPLICATION	
DIVISION	
STATION	
DATE	

WE_CS008

WASTEWATER NEW CONNECTION FORM

APPLICATION FORM TO BE COMPLETED IN FULL USING BLOCK LETTERS

PREMISES DETAILS	
TITLE/DEED TITLE TYPE	TITLE TYPE: _____ DP: _____
ADDRESS OF PREMISES WHERE SERVICE IS	FLAT OR UNIT NO: _____ LOT NO: _____ EXISTING METER NO: _____
(If applicable indicate Flat, Unit Street and Lot No)	STREET: _____
	TOWN/CITY: _____
TYPE OF CONNECTION REQUIRED	DOMESTIC: _____ COMMERCIAL: _____ BUILDING: _____
	NUMBER OF HOUSE OCCUPANTS: _____
OWNERS DETAILS	
NAME	SURNAME: _____
	GIVEN NAMES: _____
PHYSICAL ADDRESS	_____
POSTAL ADDRESS	_____
CONTACT	HOME: _____ WORK: _____ MOBILE: _____
	EMAIL: _____
COUNTRY	_____
OCCUPIERS DETAILS Tick if same as above	
NAME	SURNAME: _____
	GIVEN NAMES: _____
PHYSICAL ADDRESS	_____
POSTAL ADDRESS	_____
OCCUPIERS CONTACT	HOME: _____ WORK: _____ MOBILE: _____
	EMAIL: _____
COUNTRY	_____
VALID ID	TIN: _____ DRIVER'S LICENCE: _____ FNPF: _____ PASSPORT: _____