



Liberia Water & Sewer Corporation,
Monrovia.

APPLICATION FORM FOR WATER/ SEWAGE CONNECTION

Title (tick appropriate box) **Mr.** **Mrs.** **Miss.** **Dr.** **Prof**

Surname

Middle Name First Name

Gender: Male Female

Company Name (if applicable):

Contact Address:

Locality/ Village: Email:

Mobile no: Home no:

Applicant Occupation/ Mode of Business:

FOR OFFICE USE ONLY

Commercial Customer Services

Application date:

Application letter attached:

Indicate Customer's Category:

Family Customer:
Business Customer:
Government

Application Considered: Yes / No

Payment Advice Issue date:

Actual Payment date:

Actual Amount paid:

Asst. Mgr. Customer Services
Sign/Date

Authorization (sign/date)
Commercial Service Manager

Technical Services Verification Checklist
Please indicate Yes/No where appropriate

Site/ Location Mapping Verified:
Sketch Attached:
Plumbing Inspection:
Best quality materials:

STATUS OF APPLICANT
(Tick where applicable)

Owner of Premises
Tenant
Occupier

No of Occupants/Family:

If applicant is not the owner, then provide details of the owner of the Premises below:

Name:

Address:

Occupation:

PREMISES USAGE

Residential only

Mixed Used (residential/business)

Commercial use only

Industrial use only

Other (specify)

| | |
|-----------------------------------|---------------------------------|
| TYPE OF CONNECTION APPLIED | Domestic <input type="text"/> |
| | Commercial <input type="text"/> |
| | Industrial <input type="text"/> |
| | Government <input type="text"/> |

Declaration

I/We, the undersigned, hereby declare that the information given on this application is true and correct, that all applicable fees and charges shall be paid and that I/we shall abide by the relevant guidelines associated with the service Provided.

Name:

Signature:

Date: