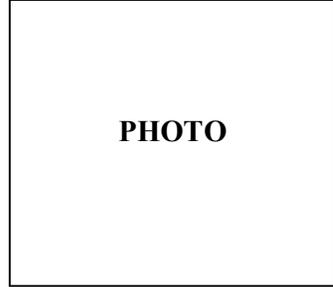




Liberia Water & Sewer Corporation,
Monrovia.

APPLICATION FORM FOR WATER/ SEWAGE CONNECTION

APPLICATION FORM LWSC/2024/A10834



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

Surname _____

Middle Name _____ First Name _____

Gender: Male Female

Company/Organization Name (if applicable): _____

Contact/Location Address: _____

Community/District: _____ email: _____

Mobile no _____ Home no: _____

Applicant Occupation/Mode of Business: _____

STATUS OF APPLICANT (Tick where applicable)	Owner of Premises	<input type="checkbox"/>
	Tenant	<input type="checkbox"/>
	Occupier	<input type="checkbox"/>

No of Occupants/ family: _____

Applicant Identification Indicator	
*Citizen ID Number	_____
*Tax ID Number	_____
*Social Security Number	_____

OWNER OF PREMISS INFORMATION

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

Name	_____
Address	_____
Occupation	_____
Owner Contact No.	_____
Email Address	_____

PREMISES USAGE	
Residential only	_____
Mixed Use (residential/business)	_____
Commercial use only	_____
Industrial use only	_____
Others (specify):	_____

TYPE OF CONNECTION APPLIED	Domestic	_____
	Commercial	_____
	Industrial	_____
	Government	_____

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: _____

Attested by Land-Lord: _____ Date: _____

FOR OFFICE USE ONLY

Customer Services

Application date: _____
Application letter attached: _____

Indicate Customer's category:
Family customer: _____
Business customer: _____
Government: _____

Application Considered: Yes / No

Asst. Mgr. Customer Services
Sign/Date _____

Authorization (sign/date)
Sales & Marketing Director

Payment Advice Issue date: _____
Actual Payment date: _____
Actual Amount paid: _____

Technical Services Verification Checklist
Please indicate Yes/No where appropriate

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

