



CENTRAL WATER AUTHORITY

Application for Reopening of Supply

Please Fill in the Details

Fill Account Number and Name as printed on Water bill.

Account Number

Name:

ID No:

Home Tel No: Mobile No:

Office No: Fax No:

Email Id:

Remarks (If Any) :

PROXY

Please Fill in if application not in applicant's name

Applicant's Title

Applicant's Surname:

Applicant's Forename :

ID No:

NOTE:

If reopening of water supply is to be done on another name, Please fill in the Transfer of Name form and submit along with this form.

Applicable if submitting by post only

Signature :