



CENTRAL WATER AUTHORITY

Application For Discontinuation 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:

Disconnect at:

Tentative Discontinuation Date

PROXY

Please Fill in if application not in applicant's name

Applicant's Title

Applicant's Surname:

Applicant's Forename:

ID No:

Remarks (If Any) :

Applicable if submitting by post only

Signature : _____