



# GUAM WATERWORKS AUTHORITY

P.O. BOX 3010, HAGATNA, GUAM 96932  
 (671) 647-7824 FAX:(671) 649-0369

OFFICE USE ONLY	
Date	Rec'd By
Document Name & Number	
New Account Number	

## WATER AND/OR SEWER INFORMATION SHEET

- |   |   |             |  |
|---|---|-------------|--|
| <input type="checkbox"/> Meter Relocation | <input type="checkbox"/> Meter Reconnect    | Change of : |  |
| <input type="checkbox"/> Sewer Connection | <input type="checkbox"/> Name Transfer      |             | <input type="checkbox"/> Meter Size      |
| <input type="checkbox"/> New Connection   | <input type="checkbox"/> Terminate Service  |             | <input type="checkbox"/> Mailing Address |
| Meter Size _____                          | <input type="checkbox"/> Correction of Name |             | <input type="checkbox"/> Class           |

TYPE OF SERVICE:	REQUEST RECEIVED VIA	ACTION DATE	PREVIOUS REFERENCE
<input type="checkbox"/> Residential <input type="checkbox"/> Government <input type="checkbox"/> Commercial Class _____	<input type="checkbox"/> Irrigation <input type="checkbox"/> Agricultural <input type="checkbox"/> Federal <input type="checkbox"/> Golf Course	<input type="checkbox"/> Personal Visit <input type="checkbox"/> Telephone Call <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Referral	Connect On: _____ Terminate On: _____ Pick Up Rdg: _____ Cycle Rdg: _____ Acct No.: _____ Meter No.: _____ Meter Size: _____ Sewer Connected? <input type="checkbox"/> Yes <input type="checkbox"/> No No. of Units _____

### 5. CUSTOMER NAME #1 (FULL NAME)

\_\_\_\_\_  
*( Last, First, Middle )*

SSN: \_\_\_\_\_ ID: \_\_\_\_\_ Other: \_\_\_\_\_

CONTACT #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Home Work Other*

Employer: \_\_\_\_\_

### 5A. CUSTOMER NAME #2 (FULL NAME)

\_\_\_\_\_  
*( Last, First, Middle )*

SSN: \_\_\_\_\_ ID: \_\_\_\_\_ Other: \_\_\_\_\_

CONTACT #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Home Work Other*

Employer: \_\_\_\_\_

### 6. ORGANIZATION OR COMPANY NAME

\_\_\_\_\_  
 Type of Business: \_\_\_\_\_

Office Location: \_\_\_\_\_ Contact #: \_\_\_\_\_

### 7. MAILING ADDRESS:

### 8. SERVICE LOCATION:

### Remarks

### IMPORTANT REQUIREMENTS

Before your application for water and/ or sewer service is processed, you would need to provide any of the following documents and photo identification.

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> <b>First Time Connection</b><br>-Certificate of Title<br>-Deeds<br>-Building Permit | <input type="checkbox"/> <b>Tenants</b><br>-Lease or Rental Agreement<br>-Written Authorization from<br>Landlord or Owner | <input type="checkbox"/> <b>Authorized Representative</b><br>- Written Authorization from the<br>the Absent Applicant<br>-Power of Attorney | <input type="checkbox"/> <b>Previous Reference</b><br>-Two Names of Last Occupant<br>-Meter Number |
|--|---|---|--|

Customer Signature #1 \_\_\_\_\_ Date \_\_\_\_\_ Customer Signature #1 \_\_\_\_\_ Date \_\_\_\_\_ Authorized Rep. Signature \_\_\_\_\_ Date \_\_\_\_\_