



# APPLICATION

Laie Water Company; 55-510 Kamehameha Highway, Suite 12, Laie, Hawaii 96762; Phone: (808)293-7017; FAX: (808)293-6456

## Water Service Application

CUSTOMER NAME: \_\_\_\_\_

SERVICE LOCATION: \_\_\_\_\_ (Street address) START SERVICE DATE: \_\_\_\_\_ (Current or Future Date ONLY)

Application for:  New water meter service  New Customer with existing meter

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Applicant status at property (check one):  Owner  Lessee/Renter with 1+ year lease  Property Management Company

Have you ever had water service with LWC before?  Yes  No

### Fee Charges - Full payment required before water service begins.

#### New water service account with existing meter:

(Restoration/Rule 17 charge)

Water Service Set-up Fee: \$ 50.00

CASH  CHECK # \_\_\_\_\_

Amount: \$ \_\_\_\_\_

#### New Meter tap-in Charge:

(adjusted as applicable in accordance with the Company's rules)

Water Service Set-up Fee: \$ 50.00

New 3/4" Meter (Plot Map required with new meter) \$4,200.00

Total: \$4,250.00

CASH  CHECK # \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Other \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

The undersigned hereby applies to Laie Water Company for water service at the above location, pending approval, and in consideration of the installation of such water service and/or meter, agrees to pay all charges incurred upon such location for such water service and to abide by all rules, regulations and provisions of the Laie Water Company relating to water service and/or rates.

By signing this application, I confirm that the information provided by me is true and correct to the best of my knowledge and that I am 18 years of age or older. I also understand that Laie Water Company, Inc., may request additional information in connection with the requested service, including, without limitation, references, credit history, and a copy of the lease, etc. I agree to provide such information or authorization, if any, necessary to obtain such information.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Property Owner Signature (Cosigner) \_\_\_\_\_ Date \_\_\_\_\_

For LWC use only

Location No: \_\_\_\_\_ Received: \_\_\_\_\_

Account #: \_\_\_\_\_ Dept of Env Svc (Copy): \_\_\_\_\_