



APPLICATION FOR WATER UTILITY DISCOUNT

Application No.: _____

Date: _____

NAME : _____

AGE : _____

CITIZENSHIP : _____

ID NO. : _____

PROOF OF RESIDENCE : _____

PROOF OF BILLING

Registered Name : _____

Account Number : _____

Date Installed : _____

Name of Applicant/Signature

Name of Representative/Signature

Inspected by:

Checked by:

(Inspector)

Billing Associate

Reviewed by:

Approved by:

ROWENA DIMAPILIS
Officer-in-charge – Billing Section

MARIE ANN E. CABRIOLE
CMG, Group Head