



WE_CS007

WATER BILL ARREARS WAIVER APPLICATION FORM

[Section - A] CUSTOMER DETAILS			
Name		Meter No.	
Address		Acct No.	
		Phone:	
State reason for request & period affected (Attached Evidence)			
Tick Criteria Applied	<input type="radio"/> Leakages on Customer Plumbing Works <input type="radio"/> Long Period of Under Estimation <input type="radio"/> First Billing after long Period of Usage <input type="radio"/> Pre-2010 Accumulated Arrears for Schools & Religious Institutions <input type="radio"/> Others – Pensioners with Low Income/Social Welfare Recipients		

[Section - B] DECLARATION	
Declaration Statement	<p>I _____ of _____ hereby declare that all information provided herein is true and correct to the best of my knowledge and ability. I understand that incorrect and misleading information given in this application could result in refusal of my application.</p> <p>I further authorize the Authority to use the information provided for their records and any other purpose befitting the efficient discharge of their responsibilities.</p> <p align="center"><i>IT IS A SERIOUS OFFENCE TO MAKE A FALSE STATEMENT TO THE AUTHORITY.</i></p> <p align="center">.....</p> <p align="center">Signature Date</p>
IMPORTANT	<p>A decision may be given solely on the information provided in this application THEREFORE applicants must ensure that all relevant information is provided in support of their application.</p>

[Section - C] OFFICE USE ONLY – CUSTOMER SERVICES BUSINESS UNIT

VETTED BY Name: Signature: Date:		BATCH NO.	
CHECKED BY Name: Signature: Date:		FORM NO.	
Criteria Qualification	<input type="radio"/> Leakages on Customers Plumbing Works <input type="radio"/> Long Period of Underestimation <input type="radio"/> First Billing after long Period of Usage <input type="radio"/> Pre-2010 Arrears for Schools & Religious Institutions <input type="radio"/> Others – Pensioners with Low Income/Social Welfare Recipients <input type="radio"/> DNQ (Did not Qualify)		

TLCA		Recommended / Not Recommended
GMCS		Recommended/ Not Recommended

[Section - D] OFFICE USE ONLY – FINANCE BUSINESS UNIT

TLF/RA		Certified/ Not Certified
CFO		Approved / Not Approved
CEO		Approved / Not Approved
CREDIT NOTE NUMBER		
Comments		
Customer Care Updated		