



KADSWAC

KADUNA STATE WATER CORPORATION

PASSPORT
PHOTOGRAPH
/COMPANY SEAL

WATER CONNECTION/REACTIVATION APPLICATION FORM

PART 1: TO BE COMPLETED BY THE APPLICANT

DETAILS OF APPLICANT

Number	Street	Area/Locality	Town

Surname/Corporate Name												Middle Name								First Name			

Telephone No.

E-mail:

BVN

PURPOSE FOR USE

- Domestic
- Commercial
- Industrial
- Institution

Category (Tick)

DO1	DO2	DO3	DO4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Required Connection Size

EXISTING ACCOUNT (IF ANY)

UNDERTAKING

I certify that the information given is true and correct to the best of my knowledge and I am aware that any false statement made can lead to my prosecution under the Laws of the State.

I FURTHER UNDERTAKE AS FOLLOWS:-

1. That the water connection to my/our premises above shall be made only by the authorized officials of the Kaduna State Water Corporation;
2. To allow the Kaduna State Water Corporation staff to inspect the premises as the need arises;

