



Impacts Life by Providing Quality and Reliable Water and Sewerage Services

New Connection Assessment Form

Commercial Department:

- i) Customer Name: _____
- ii) ID Number: _____
- iii) Phone Number: _____
- iv) Area/Location: _____

Technical Department (Water Distribution)

- i) Existing Service Line (Tick) Available Not Available

(a) Size of the service line _____

(b) Distance from the existing line _____

- ii) Confirm Whether there is an existing connection in the same plot Yes No

- iii) Confirm whether the site is developed Yes No

- iv) Connection category/purpose (Tick where applicable):

Single Dwelling Multi Dwelling Shops/Offices schools

Water Kiosk Industry Church

Any other _____

Confirmed by:

Name: _____

Signature: _____

Date: _____

Department Head (Technical):

Approved

Not Approved

Remarks:

Name: _____

Date: _____

Signature: _____