



Republic of the Philippines
CITY OF KORONADAL WATER DISTRICT

Blk. 1, Casa Subd., Brgy. Zone III, City of Koronadal
Tel nos. (083)228-4049, 520-0674, Fax no. (083)228-8141
E-mail Address: ckwd_koronadalcity@yahoo.com
Website: www.ckwd.gov.ph



SERVICE APPLICATION AND CONSTRUCTION ORDER (SACO)

APPLICANT

✓

Surname _____ First Name _____ Middle Name _____

Birthday (dd/mm/yy) ✓

Address: (Where service connection is to be installed)

✓ _____

Civil Status: Single Married Widow/Separated

Gender: Male Female

No. of Household Members: Male _____ Female _____ Children _____

Contact No.: ✓ _____

Sketch of Service Connection

✓

New Additional Transfer

Landmarks: ✓ _____

Neighbors: ✓ _____

CONFORME

I understand that the connection will not be made until it is approved and all charges are paid. I assume full responsibility for the meter and all water that passes through the meter. I will conform to the rules and regulation of City of Koronadal Water District.

✓ _____
(Print Name & Sign)
Applicant

I hereby bind myself to pay any unpaid water bills of the occupant in case he/she vacates the premises permanently.

✓ _____
(Print Name & Sign)
Property Owner

DO NOT FILL-UP - FOR OFFICE USE ONLY

REQUIREMENTS

Photo copy of two (2) valid ID's

Drivers License Postal ID

National ID Passport / SSS / PHIC

Certificate of Residency Senior Citizen ID

UMID/ PAG-IBIG ID Comelec ID

Others: _____

Proof of Ownership (Photocopy)

Land Title Deed of Sale

Extra-Judicial Affidavit Certificate of Ownership from Brgy., pls. indicate the owner's name

Verified by: _____

Date Submitted: _____

PAYMENT

OR Number _____

Amount P _____

Date _____

Approved for Installation

ATTY. BENJIE G. ESPINOSA
General Manager B
Date: _____

RELEASING

RIS No.: _____

Issued by: _____

Date Issued: _____

Materials Received by: _____

ESTIMATION

Estimated By: _____ Date: _____

Investigation of Applicant's Location:

System is Available Yes No

Availability of Applicant's Plumbing Installation: Yes No

Residential Commercial _____

Industrial Government _____

Size of Connection 1/2 3/4 Others _____

Type of Connection Single Dual

F-Type Cluster

Estimates: _____

Notes: _____

INSTALLATION

Brand: _____ Meter No.: _____

Initial Reading: _____ Date Installed: _____

Date Installed: _____

Installed by: _____

Inspected By: _____

Conformed by: _____

Eduardo A. Panes, Jr. - WMGF

ACCOUNT NUMBER : _____

THIS FORM IS NOT FOR SALE (TO BE ACCOMPLISHED IN THREE (3) COPIES)

