



DEPARTMENT OF WATER SUPPLY
COUNTY OF HAWAII

APPLICATION FOR WATER SERVICE

(Application is subject to review and approval)

Please complete all highlighted sections & submit this form to our office along with the following:
COPY OF A VALID GOVERNMENT ISSUED PHOTO ID
Once your application is approved, you will be contacted to submit payment for all required fees, including a refundable \$150 credit deposit. Payment can be made by check or money order; payable to Department of Water Supply. Cash and credit card payment will only be accepted if paid in person.
Submit application via email: Billing@hawaiiidws.org or mail to: 345 Kekuanaoa Street Ste 20, Hilo, HI 96720.
Questions? Call: 808-961-8060

ACCOUNT NO.:	_____
APPLICATION NO.:	_____
CUSTOMER NO.:	_____
FOR OFFICE USE ONLY	

SERVICE LOCATION: _____

Physical address of the property that you are applying water service for. (Include house number, Apt. #, Street/Road and Town)

REQUESTED SERVICE START DATE: _____

No weekends or holidays.

TMK / LOT #: _____

If the address is a vacant lot, please provide TMK #

PROPERTY OWNER'S NAME: _____

AUTHORIZING AGENT/PROPERTY MANAGER: _____

CUSTOMER INFORMATION: Primary person financially responsible for this water service account (including billing, service notifications, etc.)

NAME: _____

Primary person financially responsible for the account.

PHONE - HOME / BUSINESS: (____) _____

CELLPHONE: (____) _____

MAILING ADDRESS: _____

Mailing address where you would like your billing statements and notices sent to.

CITY, STATE, ZIP: _____

ID #: _____

ID # of person responsible for the account.

EXPIRATION DATE: _____

EMAIL: _____

The undersigned applicant hereby applies to the Department of Water Supply of the County of Hawaii for water service, and the Department of Environmental Management, Wastewater Division, of the County of Hawaii for sewer service, if applicable, at the above location. Pending approval, and in consideration of commencement of such service(s), the undersigned agrees to pay all charges incurred upon such location for such service(s) and to abide by all rules, regulations, ordinances, codes, provisions, and policies prescribed by the Department of Water Supply and the Water Board of the County of Hawaii, the Department of Environmental Management of the County of Hawaii, and the State and County of Hawaii relating to water and sewer services and rates. Failure to pay all charges will result in collection proceedings. All applicants are required to notify the Department of Water Supply of the County of Hawaii of any changes to ownership and customer information on the account; including updating customer contact information. To receive emergency service announcements from the Department of Water Supply of the County of Hawaii, please select your notification preference here: Home phone Cell phone Text message Email . The undersigned understands that they will be billed by the Department of Water Supply for water service, and if applicable, will be billed separately by the Wastewater Division of the Department of Environmental Management for sewer service.

CUSTOMER SIGNATURE: _____

Must be signed by primary person financially responsible for the account.

DATE: _____

FOR OFFICE USE ONLY

NEW METER INSTALLATION - FLAT/ESTIMATED FEES: \$ _____

USE: RESIDENTIAL: _____ COMMERCIAL: _____ SEWER: _____

REINSTALL: \$ _____

(Actual cost to be charged)

DC METER: _____ GOVERNMENT: _____ STANDPIPE: _____

SERVICE LATERAL INSTALLATION CHARGE: \$ _____

WORK ORDER NO.: _____ INSTALL DATE: _____ READING: _____

FACILITIES CHARGE: \$ _____

METER NO.: _____ SIZE / MAKE: _____

CREDIT DEPOSIT: \$ _____

BACKFLOW PREVENTER: _____ OUT-OF-BOUNDS: _____ ELEVATION AGREEMENT: _____

OUTSTANDING BALANCE(S): \$ _____

LIMITED TO: _____ GALLONS PER DAY: _____ UNIT(S) _____

TOTAL AMOUNT TO REMIT: \$ _____

DWS CUST SVC REP: _____