



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 Kekuaaoa Street Ste 20, Hilo, HI 96720.  
Questions? Call: 808-961-8060

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

**SERVICE LOCATION:** \_\_\_\_\_ **REQUESTED SERVICE START DATE:** \_\_\_\_\_  
Physical address of the property that you are applying water service for. (Include house number, Apt. #, Street/Road and Town) No weekends or holidays.

**TMK / LOT #:** \_\_\_\_\_ **PROPERTY OWNER'S NAME:** \_\_\_\_\_  
If the address is a vacant lot, please provide TMK #

**AUTHORIZING AGENT/PROPERTY MANAGER:** \_\_\_\_\_

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

**NAME:** \_\_\_\_\_ **PHONE - HOME / BUSINESS:** (\_\_\_\_) \_\_\_\_\_ **CELLPHONE:** (\_\_\_\_) \_\_\_\_\_  
Primary person financially responsible for the account.

**MAILING ADDRESS:** \_\_\_\_\_ **CITY, STATE, ZIP:** \_\_\_\_\_  
Mailing address where you would like your billing statements and notices sent to.

**ID #:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_  
ID # of person responsible for the account.

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. 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:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Must be signed by primary person financially responsible for the account.

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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: \_\_\_\_\_