



DEPARTMENT OF WATER SUPPLY
COUNTY OF HAWAI'I

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: _____ **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 Hawai'i for water service, and the Department of Environmental Management, Wastewater Division, of the County of Hawai'i 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 Hawai'i, the Department of Environmental Management of the County of Hawai'i, and the State and County of Hawai'i 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 Hawai'i 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 Hawai'i, 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: _____ **DATE:** _____
Must be signed by primary person financially responsible for the account.

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NEW METER INSTALLATION - FLAT/ESTIMATED FEES: \$ _____
REINSTALL: \$ _____
(Actual cost to be charged)
SERVICE LATERAL INSTALLATION CHARGE: \$ _____
FACILITIES CHARGE: \$ _____
CREDIT DEPOSIT: \$ _____
OUTSTANDING BALANCE(S): \$ _____
TOTAL AMOUNT TO REMIT: \$ _____

USE: RESIDENTIAL: _____ COMMERCIAL: _____ SEWER: _____
DC METER: _____ GOVERNMENT: _____ STANDPIPE: _____
WORK ORDER NO.: _____ INSTALL DATE: _____ READING: _____
METER NO.: _____ SIZE / MAKE: _____
BACKFLOW PREVENTER: _____ OUT-OF-BOUNDS: _____ ELEVATION AGREEMENT: _____
LIMITED TO: _____ GALLONS PER DAY: _____ UNIT(S) _____
DWS CUST SVC REP: _____