Maji Safi ni Uhai

MUNICIPAL COUNCIL OF MACHAKOS
WATER AND SEWERAGE COMPANY LIMITED
P.O Box 527 - 90100, Machakos Kenya , Telephone: 0716 06 9965
Email:machakoswater2006@gmail.com

TO: The Managing Director,
Machakos Water and Sewerage Company Ltd.,
P. O. Box 527 – 90100,
MACHAKOS.

WATER SUPPLY/SEWERAGE SERVICES AGREEMENT FORM

☐ **WATER SUPPLY** ☐ **SEWERAGE** ☐ **BOTH (tick appropriately)**

1. APPLICANT'S NAME…….
PIN N0……ADDRESS…….
TYPE OF PREMISES ……ID N0……...
PLOT N0……HOUSE……..
SECTION……..STREET…….
STAND PIPE N0……..
NAME OF EMPLOYER……..
STAFF N0……ADDRESS……..
TEL N0…….

I agree to abide by the Terms and Conditions specified in the by-laws and hold myself/ourselves responsible for payment of all Water Meter Rent, Sewer, and Conservancy and refuse collection charges until such a time as agreement is terminated in accordance with the regulations of the by-laws.

Applicants Signature……....Date……

2. LANDLORD'S CERTIFICATE:
I ……..……..P. O. Box ……
Being the owner of the above plot I do hereby confirm that the Applicant is my Tenant at the above premises and hereby undertake to pay the Company as a guarantor in ensuring that all dues to the Company as a result of this agreement are fully paid to the Company by the applicant.

SIGNATURE: …….....Date: …….

3. CUSTOMER CARE: Signature…….……Date…….……

4. COMMERCIAL DIVISION:

Zone No. ……Category: Residential/Commercial ……. A/C NO……

Type of services	Payment dates	Receipt No.	Amount	Date
Water Supply	Survey Fee			
	Connection Fee			
	Deposit			
Sewerage services	Survey Fee			
	Connection fee			
	Deposit			

Connection card prepared by:

Name…… Sign…… Date…….

Old Account Number if any……in the name of……
P. O. Box ……..contacts:…….
Outstanding Bill(if any)……..Date……..

5. COMMERCIAL MANAGER. Signature…….Date……

Application Approved On Behalf Of: Machakos Water And Sewerage Company Ltd.,

6. MANAGING DIRECTOR: Signature……Date ……

7. TECHNICAL DIVISION

WATER RETICULATION UNIT:
Service line installation Certified by:
……..Signature……Date……..…….

Meter Box Location: Certified by:
…….Signature……..…..Date…….……...
TECHNICAL MANAGER: Signature……..…..Date…….……

8. BILLING UNIT:
Meter No:…….Initial Readings:……Installed by:

……Signature: ……..……Date:……..……

9. COMPUTER AND RECORDS
New Account Encoding by:
…….Signature:……..…..…..……Date:…….……..……