

# **KIBWEZI-MAKINDU WATER AND SANITATION CO.LTD**

## **P.O BOX 104-90137 KIBWEZI**

### **CUSTOMER APPLICATION FOR NEW WATER CONNECTION**

I/We.....of ID/Reg No.....of P.O BOX .....

Cell / Telephone No.....Hereby make an application to Kibwezi-Makindu Water and Sanitation Co. Ltd for a new water connection at.....

Signature of applicant.....Date.....

#### ***Technical Evaluation***

*Recommended /Not recommended*

#### **Technical Manager**

Name.....Signature.....Date.....

*Remarks*

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(i) Domestic /Residential (ii) Commercial/Industrial (iii) Institution (iv) Water Kiosk (v) Community Water project (vi) School

#### ***Approval***

*This application has been approved /Rejected on behalf of Kibwezi-Makindu Water and Sanitation Co. Ltd. by;*

#### **Managing Director**

Name.....Signature.....Date.....

*If rejected give reasons*

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