



CAGAYAN DE ORO CITY WATER DISTRICT
Corrales Avenue, Cagayan de Oro City
COMMERCIAL DEPARTMENT
PRE-APPLICATION FORM for RECONNECTION

Account Number : _____ **Cut-off Accounts** : _____

NAME OF APPLICANT : _____
 (Family Name) (First Name) (Middle Name)

ADDRESS APPLIED : _____
 (House No.) (Street) (Purok/Zone) (Barangay) (City/Municipality)

BIRTH PLACE : _____ **BIRTH DATE** : _____

CELLPHONE NO. : _____ **TEL NO.** : _____

NAME OF SPOUSE : _____
 (If married) (Family Name) (First Name) (Middle Name)

MOTHER'S NAME : _____ **CEL NO.** : _____

FATHER'S NAME : _____ **CEL NO.** : _____

LOT OWNER : _____

BUILDING/HOUSE OWNER : _____

PREVIOUS REGISTERED NAME : _____
 (Family Name) (First Name) (Middle Name)

RECONNECTION REQUIREMENT'S CHECKLIST

- | | |
|--|--|
| 1 <input type="checkbox"/> COWD Seminar Attendance Certificate | 11 <input type="checkbox"/> Cert. From Subdivision Developer |
| 2 <input type="checkbox"/> COWD Pre-application Form duly accomplished | 12 <input type="checkbox"/> Cert. From Homeowners Association |
| 3 <input type="checkbox"/> Marriage Contract (if married) | 13 <input type="checkbox"/> Cert. From Brgy. Chairman(if informal settler) |
| 4 <input type="checkbox"/> Birth Certificate (if single) | 14 <input type="checkbox"/> 2 Affidavit of Waiver(Notarized,if informal settler) |
| 5 <input type="checkbox"/> Valid ID (Company ID, driver's license, passport, postal/ Voter's ID) | 15 <input type="checkbox"/> Cert. From E.M.D.(relocation site under LGU) |
| 6 <input type="checkbox"/> Community Tax Certificate | 16 <input type="checkbox"/> Cert. From the Bureau of Fire(Fire Victim) |
| 7 <input type="checkbox"/> Lot tile and/or Latest Tax Declaration | 17 <input type="checkbox"/> Police report (for stolen meter) |
| 8 <input type="checkbox"/> Deed of Sale | 18 <input type="checkbox"/> SPA/Authorization Letter |
| 9 <input type="checkbox"/> Lease Contract | 19 <input type="checkbox"/> Reference (Water Bill of Neighbor w/ Water Conn. |
| 10 <input type="checkbox"/> Pag-IBIG Certification | 20 <input type="checkbox"/> Others (Pls. Specify) _____ |



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