

## WATER CORPORATION OF ANGUILLA

## **RECONNECTION FORM**

		Receipt #:	
I hereby request that	the Corporation's	s water supply service to my premises be reconnected.	
Account No. (s):	,	<b></b> &	
First Name:		Last Name:	
		Tel #: (264) <b>-</b>	
	rvice is Fifty EC d	a reconnection dated/, the charge for a lollars (EC \$50.00) and all outstanding arrears on the account(s)	
Reconnection Fee	\$ 50.00		
Arrears	\$	<u> </u>	
Meter Cost	\$		
<b>Total Cost</b>	\$	<u> </u>	
Any queries regarding Corporation of Angu	•	nnection or routing should be resolved by a visit to the Water	
Signature of Applicant		Processing Officer	
Date:/		Date:/	
	FOF	R OFFICIAL USE ONLY  Work Order #:	
Assigned to:		From:	
Date completed:	//	Time::am / pm	
Meter number:		Meter reading:	
Work done by:		_	