



GUAM WATERWORKS AUTHORITY

688 Route 15

Mangilao, Guam 96913

Phone: 300-6058 Fax: 647-2621

REQUEST FOR WATERLINE TAP/SEWERLINE CONNECTION FORM WTSC-101

Request for tap/ transmissions must be made at least five (5) working days in advance of requested tapping time. A detailed sketch of the location of the proposed tap/connection must accompany this request. Connection to main transmission/distribution lines will be permitted only during a time when consumers will not be inconvenienced. No work shall commence prior to approval of this request.

Name of Owner: _____
Mailing Address: _____
Email: _____
Location: _____
Service Location: _____
Phone No.: (Home) _____ (Work) _____ (Other) _____
Authorized Agent: _____

BUILDING PERMIT NUMBER: B13

(AGRICULTURE ACCOUNTS HAVE NO BUILDING PERMITS)

APPROXIMATE SCHEDULE OF TAP/CONNECTION

Approximate Start: _____ Expected Completion: _____
Time: _____ AM/PM Time: _____ AM/PM
Date: _____ Date: _____
Size of Connection: _____
Type of Connection: [] Water [] Wastewater [] Both

Applicant certifies that all necessary approvals, including road encroachment have been obtained from the Department of Public Works and Utility Clearance from all Agencies involved prior to start of work.

Applicant agrees to reimburse GWA for any overtime costs incurred by GWA as a result of having a GWA representative(s) on-site during the duration of the tap/connection.

Owner's Signature/Authorized Agent _____ Date _____

FOR OFFICIAL USE ONLY

REVIEWED AND APPROVED BY:

Engineering _____ / _____ Date _____ Water _____ / _____ Date _____
Wastewater _____ / _____ Date _____ Released Date _____

REMARKS: _____