Account Number _____



Hawaiian Beaches Water Company

P.O. Box 22, Pahoa, Hawaii 96778 Phone: (808) 965-9882 Fax: (808) 965-8388

APPLICATION FOR WATER SERVICE

Name/s:		
Water Service Location:		
Mailing Address:		
Telephone: Home	Cell	Work
Driver's License or SSN:		Service Start Date:
Employment Information: Employe	r/Source of Income	
Employer Contact info		
Years Employed		
Property Owner/Property Manager:	Name	
Property Owner/Property Manager O	Contact Information	
		application for water service, applicant acknowledges provided above is true and accurate to the best of
Signature of Applicant:		[]Owner[]Tenant[]Agent
in consideration of such service agree regulations prescribed by HBWC re- unpaid Customer balances over 30 d time late charge equal to five percent	tess to pay all charges inc lating to water service ar lays old are subject to int t (5%) of the unpaid amo	ompany, Inc. for water service at the above location; and urred at the property and to abide by all rules and nd rates, including rights to Ingress and Egress. All terest of one percent (1%) per month until paid plus a one ount as partial compensation for the administrative costs e signed also agrees to pay for all costs and a reasonable
	For HBWC Use 0	Only
LOT & BLOCK NO.:		_ TMK:
SECURITY DEPOSIT		TURN ON FEES
RENTAL/LEASE AGREEMENT []		PROOF OF OWNERSHIP []