



**MERU WATER AND SEWERAGE SERVICES (MEWASS)**

**REGISTERED TRUSTEES**

SITUATED ALONG KINORU STADIUM ROAD  
 P.O BOX 859-60200, MERU, E-Mail Address: info@mewass.or.ke  
 TEL. 064-3132591/0717527707

**APPLICATION FOR NEW WATER CONNECTION**

**(A) APPLICANT’S DETAILS**

Applicants name .....

ID NO. ....PIN NO.....

*(Attach Copy of ID and Pin)*

P.O. Box ..... Tel..... Email.....

Plot No. .... **(Attach copy of Title Deed)**

Building Name / House No .....Estate.....

Road/Street.....Sub-location..... **(Attach map)**

Employer’s name .....Address .....Tel.....

Landlord’s Name.....Address.....Tel.....

*(Attach Landlord’s letter of authority and copy of his/her ID card.)*

State the existing connection(s) in the premises.....

The purpose of water consumption/use shall be for (Tick): -

- (a) Domestic (i) Individual House  (ii) Communal  (b) Water Kiosk  (c) Shop/Office
- (d) Bar/Restaurant/Lodging  (e) Hotel  (f) Dispensary/Health Center/Hospital  (g) Construction
- h) School/College/ Institution  (i) Industrial  (j) Church

Preferred mode of communication for billing of our services **a) SMS b) E-mail c) Postal address (discouraged)**

I/we hereby apply for a water connection to the above premises location. I/ we understand that the connection will be made after approval and on payment of all fees and charges due by the applicant. I/we agree to abide by the current water tariffs and Trust regulations for the time being in force relating to water supply services. I/we also understand that pipes and fittings so used between the supply main and water meter will become the property of the Trust up to and including the water meter for purpose of operations and maintenance and I/we will assume the responsibility of those after the meter including the security of the water meter itself. I/We guarantee the Trust that there is no other connection prior to the one being applied for, which has not been disclosed.

Signature.....Date.....

**FOR OFFICIAL USE ONLY**

**(B) Customer Relations Desk**

Customer details checked                      Signature.....                      Date.....

**(C) Accounts**

Old/New connection No.....                      Account No.....

Deposit amount (Kshs).....                      Receipt No. ....Dated.....

A.A Revenue’s signature.....Date.....

**NB: A sum of Kshs.500 shall be deducted from the deposit for those who elect not to be connected.**