

Request Form Certificate of Interconnection

Company Name:		
Address:		
aguna Water Contract Account Number:	_	
LTI Locator since: / / (mm/do	1/yyyy)	
Type of business:		
Name of Company Representative:		
Contact Number:		
Purpose:		
To be filled up if tenant:		
Company name of Lessor:		
Tenant since: / / (mm/dd/yy	vy)	
		Signature
To be filled up by LAWC Business Area Team:	To be filled up by LAWC Used Water Services Team:	
Last 3 months' average consumption:	Sampling Date:	(mm/dd/yyyy)
Industrial: cu.m.	Remarks:	
Domestic: cu.m. Average Monthly bill: Php	Dye Testing result:	
PUA: Php		
Name and Signature	Name and Signature	
Territory Manager	Facility Manager	
Noted by:		
Rusiness Zone Manager		

LAGUNA AAAWATER CORPORATION