



Republic of the Philippines
DAVAO CITY WATER DISTRICT
 Mc Arthur Highway, Matina, Davao City
 Telephone No. (+63)(82) 235-3293
 Website: www.davao-water.gov.ph

Date: _____

AUTHORIZATION LETTER

This is to authorize _____ to represent me in my application for *(Please check appropriate box)*:

- | | |
|--|--|
| <input type="checkbox"/> New Service Connection Application | <input type="checkbox"/> Reopening/Reconnection |
| <input type="checkbox"/> Change of Account Name | <input type="checkbox"/> Disconnection |
| <input type="checkbox"/> Transfer of Water Meter | <input type="checkbox"/> Replacement of Stolen Meter |
| <input type="checkbox"/> Adjustment of Abnormal Billing (Res. No. 296) | <input type="checkbox"/> Senior Citizen Discount Privilege |

As such, he/she is authorized to transact, sign and enter into a Contract/Agreement in my behalf pertaining to my water service application / connection located at _____.

I will conform to and abide by all the Rules and Regulations of DCWD as entered into by my duly authorized representative. Any and all acts carried out by Mr./Ms. _____ on my account shall have the same effect as acts of my own.

Davao City, Philippines, _____.

 Applicant
 CTC No. _____
 CEI _____

Conforme:

 Representative

SUBSCRIBED AND SWORN to before me this _____, in Davao City, Philippines.

Doc. No. _____;
 Page No. _____;
 Book No. _____;
 Series of _____.