

BPA No. _____

Premise ID No. _____

Person ID No. _____

BOARD OF WATER SUPPLY

City and County of Honolulu
630 South Beretania Street
Honolulu, HI 96843
Telephone: 748-5460

BILLING AUTHORIZATION

SUBDIVISION/PROJECT _____

TAX MAP KEY _____ ***LOT NO.*** _____

PREMISE ADDRESS _____

For the water service and meter at the above location, please send all water bills for payment to:

CUSTOMER _____

First name

Middle Initial

Last Name

- or -

BUSINESS NAME _____

MAILING ADDRESS _____

_____ ***ZIP CODE*** _____

The undersigned hereby agrees to pay all charges incurred upon such water service and meter at the above location and to abide by all rules, regulations, and provisions prescribed by the Board of Water Supply, City and County of Honolulu, relating to water service and/or rates.

Print Name

Customer's or Authorized Agent's Signature

Customer's Employer

Bus _____ Res _____
Customer's Phone Nos.

Effective Date