

# **WATER & SEWERAGE DEPARTMENT**

**MINISTRY OF COMMUNICATIONS & WORKS  
GOVERNMENT OF THE BRITISH VIRGIN ISLANDS**

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## **Application For Transfer of Water Supply**

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*P.O. Box 130, Road Town, Tortola, British Virgin Islands*  
*Tel No: (284) 468-5766/5901 or 468-5834      Email: [wsd@gov.vg](mailto:wsd@gov.vg)*



METER NUMBER AT WHICH SUPPLY IS REQUIRED: \_\_\_\_\_

CUSTOMER NUMBER: \_\_\_\_\_

LEASE NUMBER: \_\_\_\_\_

APPROVAL OF PROPERTY OWNER:

As the owner of the property at which this application seeks to have a water supply, I am in full support of this application, and confirm that the information quoted above is correct in accordance with the SERVICELINE agreement between the Water and Sewerage Department and the owner of the premises.

\_\_\_\_\_  
(Name in Capital Letters)                      (Signature)                      (Date)

\_\_\_\_\_  
(Name of person who originally had supply put in / Landlord)

**ALL OUTSTANDING BILLS IN THE LANDLORD'S NAME SHOULD BE PAID IN FULL BEFORE A TRANSFER CAN BE DONE.**

**PLEASE NOTE THAT ALL APPLICANTS ARE REQUIRED TO HAVE A PHOTOCOPY OF A PICTURE ID SUCH AS A DRIVER'S LICENCE OR PASSPORT ATTACHED TO THIS OR ANY APPLICATION FORM BROUGHT BACK TO THE DEPARTMENT FOR PROCESSING.**

**[FOR OFFICIAL USE ONLY]**

TO: Director, WSD

I have investigated the circumstances of this application and it is my opinion that the water supply:

Should be granted once a deposit of \$\_\_\_\_\_ is paid.

Should not be granted because of the following reason (s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FROM: Division Head, Accounts

\_\_\_\_\_  
*(Name in Capital Letters)*                      *(Signature)*                      *(Date)*

To: Director

A deposit of \$ \_\_\_\_\_ has been paid on the account by the applicant in accordance with Receipt # \_\_\_\_\_ dated \_\_\_\_\_ and water supply activated on \_\_\_\_\_.

From: Division Head, Accounts

\_\_\_\_\_  
*(Name in Capital Letters)*                      *(Signature)*                      *(Date)*