METRO ROXAS WATER DISTRICT

Km. 1, Roxas City

APPLICATION FOR TRANSFER OF OWNERSHIP

Application Number:	Date:	Date:	
Account Number:			
	o is the registered owner of water serviceship of said water service be transferred		
Mr./ Mrs./ Ms./ Messrs.			
Address : _			
	(Signature	of Previous Owner)	
Acknowledgement:			
I,	(transferee) accept the ownership of the	e water service	
connection of	registered under Account No	0.	
	, and agree to be held responsible for the in connection with this transfer of ownersh		
terms of the service contract pr	inted at the back hereof:		
	(Signatur	re of New Owner)	
	(Organicus	e of few owner)	
(To be filled-up by MRWD pers	sonnel)		
Posting Section:	Charges:		
Outstanding Account	Guaranty Deposit P		
As of P	Payment:		
Penalty			
Total P		t	
	Application Fee Total Amount:	P	
Prepared by:	Checked by:	Approved by:	
ī	LILIBETH A. ARLUZ		
Cust. Serv. Asst. A	Division Manager	General Manager	
	Commercial Division		
Received copy of this tra	ansfer of ownership this day of	20	
	(Signatur	re of New Owner)	