

**METRO ROXAS WATER DISTRICT**  
MRWD BLDG. KM. I, ROXAS CITY

**SERVICE REQUEST**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact # : \_\_\_\_\_

Date: \_\_\_\_\_  
S.R. No. \_\_\_\_\_  
Paid Under O.R # \_\_\_\_\_  
Teller Name: \_\_\_\_\_

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\_\_\_\_\_  
Prepared by:

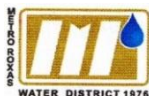
Approved by: **REYNOLD D. ANDRADA**  
Officer-In-Charge  
New Service Connection & Customer  
Care Division

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Result of Investigation: \_\_\_\_\_  
Type of Service Connection: \_\_\_\_\_  
Investigated by: \_\_\_\_\_  
Date of Investigation: \_\_\_\_\_

Approved by: **ENGR. MANUEL B. SALAZAR**  
Division Manager A  
Water Distribution & Leakage  
Control Division

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