

# THIKA WATER AND SEWERAGE COMPANY LIMITED.



TO: THE MANAGING DIRECTOR  
P.O BOX 6103-01000, THIKA  
Tel: 0720 418 444, 0734 660 000

Serial No.....

Email: [info@thikawater.co.ke](mailto:info@thikawater.co.ke), [thikawater@yahoo.com](mailto:thikawater@yahoo.com),

## APPLICATION FOR SEWERAGE CONNECTION

APPLICANT'S NAME-----

ID No.-----PIN No.-----ADDRESS-----

TYPE OF PREMISES-----PLOT No.-----HOUSE No.-----

SECTION-----STREET-----

NAME OF EMPLOYER-----STAFF No.-----

ADDRESS-----TEL No.-----

**I agree to abide by the terms and Conditions specified in the By-Laws and hold Myself / Ourselves responsible for payments of all Water, Meter Rent, Sewer, Conservancy and Refuse Collection charges until such a time as the agreement is terminated in accordance with regulations of By-Laws.**

APPLICANT'S SIGNATURE-----DATE-----

### FOR OFFICIAL USE ONLY

Existing distribution line Diameter-----mm. Required service line Diameter-----

Length of service-----Pipe materials-----Class-----

**Applicant has been informed to provide materials and I confirm that the correct materials for connection have been purchased.**

Signature-----Date-----

### SEWERAGE SUPERINTENDENT COMMERCIAL DIVISION

Zone No.-----Category-----Account No.-----

Connection Fee Kshs.-----Receipt No.-----Date-----

Connection Card prepared by-----Date-----Sign-----

Certified by-----Date-----Sign-----

AUDITOR-----Date-----

**APPLICATION APPROVED ON BEHALF: THIKA WATER AND SEWERAGE COMPANY  
MANAGING DIRECTOR**-----Date-----

### SEWERAGE CONNECTION UNIT

Sewerage connection done on-----by-----

Signature-----Date-----

I certify that the above sewerage connection has been done to my satisfaction.

Signature-----Date-----

**CHIEF PUBLIC HEALTH OFFICER**