



**Board of Water Supply**

[www.boardofwatersupply.com](http://www.boardofwatersupply.com)

**STARTING SERVICE**

----- PLEASE PRINT ALL INFORMATION -----

Date Starting Service:

Customer Name:

Service Address:

City:  Zip Code:

Daytime Phone Number:

Requestor is the:  Owner  Renter  Property Manager  Rental Agent

**MAILING ADDRESS IF DIFFERENT FROM SERVICE ADDRESS**

Mailing Address:

City:  Zip Code:

Customer's Place of Employment:

Business Phone Number:

Comments:

Please mail, e-mail, or fax a completed form to:

**MAIL:**

Board of Water Supply Call Center  
630 South Beretania Street  
Honolulu, HI 96843

**E-MAIL:**

[CallCenter@hbws.org](mailto:CallCenter@hbws.org)

**FAX:**

(808) 550-5566