

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:

customerservice@hbws.org

FAX:

(808) 550-5566