Cost of Form **B. Plan File No. 22 / 1 /**

Rs.100/- only **HAVELIAN CANTONMENT**

 **APPLICATION FORM FOR WATER CONNECTION**

I am owner / occupant of Property No ………… Havelian Cantt for which domestic / comm / Inds / constr water connection is requested, I am prepared to pay the requisite charges to the C.B.Havelian. The particulars of the property and waters taps given are as under:-

1. No. of Bath Rooms with Flash Tank ……… **b.** No. of Washing Basin and Shower………….
2. Number of Water Taps………... …………… **d.** No. of Storied ……… **e**. Area ……..…. Sft.

I shall abide by all rules and regulations of the Cantonment Board and no change whatsoever will be made in the water connection. In case of default the connection will liable to be disconnected at my risk and cost.

 Name ……………………….………… S/o ………………...…

Diary No…………

C.E.O

Dt ……………….

Action by: O.S

B.C / P.F/ C.O / A.R.S

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | - |  |  |  |  |  |  |  | - |  |

 CNIC No.

 Address: CBH No.……………… Moh………………………..

Nearest Water Conn: No ……… Name ………….…...….….

 Phone No. ……………………Signatures………………........

**FOR OFFICE USE ONLY**

i) Report of B.C

ii) Report of P.F / C.O

iii) Report of Tax Branch \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**iv) Detail of dues:** (1) Connection Fee. Rs…………………..)

(2) Security. Rs.………………….)

(3) Labor Charges. Rs…………………..)

(4) Cost of Form. Rs…………………..)

(5) 06 month adv. Rs…………………..)

 Charges @ Rs.....…P.M

from …………To. ………….

 **Total Rs.…………………)**

**v)** Received Rs.\_\_\_\_\_\_\_\_\_\_ vide Ch. No.\_\_\_\_\_/\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Tax Clerk \_\_\_\_\_\_\_\_\_\_\_\_\_**

 Dated: ……………………

 Order of the Cantt Executive Officer.

 **CANTT EXECUTIVE OFFICER**

 **HAVELIAN CANTT**

Dated: ……………………..

 Entered on page No.\_\_\_\_ of D&C Register for the year \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ at S.No.\_\_\_\_\_

 **Tax Clerk \_\_\_\_\_\_\_\_\_\_\_\_\_**

 Dated: ……………………