

APPLICATION REQUIREMENTS

1. ONE (1) VALID I.D. (GOVERNMENT ISSUED)

TIN	PRC	UMID
POSTAL	VOTER'S CERT	PASSPORT
PHILHEALTH	DRIVER'S LICENSE	VOTER'S ID
	SENIOR CITIZEN	

2. SKETCH/LOCATION OF RESIDENCE

3. CLEARANCE TO EXCAVATE SIGNED BY THE BARANGAY

4. ANY PROOF OF BILLING OR CERTIFICATE OF RESIDENCY

5. ANY PROOF OF LAND OWNERSHIP OR AFFIDAVIT OF UNDERTAKING

**Additional requirements for Commercial only*

6. BIR FORM 2303

7. DTI OR SEC REGISTRATION OR CDA

8. SECRETARY CERTIFICATE (for corporation only)



(033) 324-MPIW
6749

REACH US THROUGH:

📍 3F Festive Walk Annex, Megaworld, Mandurriao, Iloilo City

☎ 0908 818 8552 / (033) 324 6749

✉ customercare@mpiw.com.ph

📘 Metro Pacific Iloilo Water

🌐 www.mpiw.com.ph

SCAN OUR QR CODE FOR MORE UPDATES!



WHERE TO FIND US?

3F, FESTIVE WALK MALL ANNEX,
MEGAWORLD BLVD., ILOILO BUSINESS
PARK, MANDURRIAIO, ILOILO CITY

(OPEN MONDAYS-FRIDAYS, 8AM - 5PM)

NEED ASSISTANCE WITH YOUR WATER SERVICE?

VISIT US FOR ACCOUNTS CONCERNS,
PAYMENT, AND WATER SERVICE
REQUESTS.

 Metro Pacific
Iloilo Water

NEW CUSTOMER APPLICATION FORM



COMMERCIAL

CONTROL NO: _____

NEW APPLICATION DETAILS



SKETCH OF LOCATION OF PROPOSED SERVICE CONNECTION:

INSPECTION OF WATER SOURCE: (based on the status of water availability as provided by PAMD)

System is Adequate Not Adequate _____ Date _____

Amount of Charges Due:

Material Cost _____
 Installation/Labor Cost _____
 Boring Fee _____
 Water Meter Maintenance Fee _____
 VAT _____
 Total Amount _____

Official Receipt No. _____
 Date _____

Cashier

Checked and Recommended for Approval:

 Customer Service Specialist

Approved for Installation:

 Head, Commercial Division

Service Connection Record _____

Service Connection No. _____

Account No. _____

NOTE: I agree to install the pipeline from the meter to my premises before the water service connection will be installed.

Applicant's Signature

To be filled up by Operations Division:

Installed by _____ Date _____
 Initial Reading _____ Meter Brand _____
 Size _____ Meter Serial No. _____

Operations/Inspector's Signature



APPLICATION STUB: CUSTOMER'S COPY

Customer Account No: _____

Account Name: _____

Processed by: _____ Date Applied: _____

Control No./Application No.: _____

Inspected by: _____ Date Inspected: _____

Amount Paid: _____ Date Paid: _____

OR No: _____

NAME

LAST NAME FIRST NAME MIDDLE NAME

ADDRESS

BLK NO. LOT NO. PHASE NO. NAME OF SUBDIVISION

HOUSE NO. STREET NAME OF BRGY.

DISTRICT/TOWN PROVINCE/CITY ZIP CODE

TELEPHONE/CELLPHONE NO. EMAIL ADDRESS

SEX CIVIL STAT. NAME OF SPOUSE

Type of Application:

- New Water Service Connection
- Reconnection

I understand the connection will not be made until it is approved, and all charges are paid. I assume responsibility for the meter and all water that passes through the connection. I will conform to the rules and regulations of the Service Contractor.

Applicant's Signature

Date