



ULHASNAGAR MUNICIPAL CORPORATION

CITIZEN FACILITATION CENTRE

SUBJECT:- **RE-CONNECTION OF WATER CONNECTION**

Token Number (For Office Use)

Date:-

/ /

Citizen Identification Number

(If Citizen Identification Number is given, do not fill below Details)

Applicant's Details:

Last Name/ Surname	Name	Father/Husband's Name

Details of Society (If Application from Society):

Name Of Society:	
Designation	

Address:

Head	Information
House/Building/Soc. Name:	
Flat/Block/Barrack No.:	Wing/Floor:
Road/Street/Lane:	
Area/Locality/Town/City:	Taluka:
Pin code:	
Ward Committee No.:	1 [] 2 [] 3 [] 4 []
Electrol Panel No.:	
Telephone No. (if any):	Contact Person:
Email Address (if any):	

Information of Property:

Head	Information
Type of Property (Please Tick [✓] as applicable)	[] Land [] Building
Property Number (Computerized)	

Necessary Particulars about above service:

Head	Information
1 Water Connection No. (Computerised):	
2 Reasons for Disconnection of Water Connection	

Necessary Enclosures related to above application are enclosed as under.

(Please tick [✓] for YES or tick [✗] for NO)

Enclosures		Yes/No
1	Copy of old water connection disconnection order	[]
2	Location Map of Property	[]
3	Up-to-date receipt of Water bill paid	[]

Declaration

I/We state on solemn affirmation that the above information is true and correct to the best of my/our knowledge. If the information given is found wrong then the given water connection would be disconnected without any prior notice to me/us, and also the amount charged by corporation as per rule, should be paid by me/us is/are binding on me/us. But if I/We am/are failed to pay within the given period then the amount can be deducted from my/our security deposit and I/We am/are aware that corporation has full authority to disconnect my/our water connection. And also its my/our responsibility to keep my/our water meter in working condition, and if it fails to work then I/We should repair it or shall be liable to pay the water charges along with penalty.

Date:-

Applicant's Signature

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The document may please be delivered to:

1. Self/Nominated Person [] a) C.F.C. [] b) Camp No. []

Name of Nominated Person (_____)

2. By Post

a) U.P.C. []

b) Register A.D. []

3. Currier []

(Not to be filled if address is same as above)

Correspondence Address:-

Last Name/ Surname	Name	Father/Husband's Name
House/Building/Soc. Name:		
Flat/Block/Barrack No.:	Wing/Floor:	
Road/Street/Lane:		
Area/Locality/Town/City:	Taluka:	
Pin code:		
Email Address (if any):		