

出生日初/DATE OF BIRTH

有效期至/DATE OF EXPIRY 14 MAY 26

HONG KONG

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茶袋 B 糖 / DATE OF ISSUE

PHCHNCHAI<<LOK<HANG<<<<<<<<<<<<<<<><<

14 MAY 19

	The Water Authority ASN:	
	43/F, Immigration Tower, 7 Gloucester Road, Hong Kong Tel.: 2824 5000 Fax: 2802 7333 E-mail: wsdinfo@wsd.gov.hk	(For official use only)

APPLICATION FOR INSTALLATION OF SEPARATE WATER METERS FOR SUBDIVIDED UNITS (SDUs) in RESIDENTIAL PREMISES

CCID (If applicable):			ASN (If applicable):
Flat App	lying for l	Installatio	on of Separate Water Meters
1	ı	1.1	
			Name of Building/Lot No./Demarcation District No.
at/Room E	loor Blo		
lat/Room F	loor Bk	OCK	

2. Applicant's Information (Note 5)

Name of *Mr/Mrs/Miss/Ms/Organisation (Chinese):					
(English, in Block Letter):					
Chinese commercial code in Identity Card (If applicable):					
Identity Card No /Identity Proof Document No Business Registration No. :					
Service Address Tel. No.: Mobile Phone No.:					
Fax No.: Email:					
Mailing Address (If different from the address of the flat applying for installation of separate meters):					
Flat/Room Floor Block Name of Building/Lot No./Demarcation District No.					
Street No. Name of Street Name of Estate/ Others *HK/Kln/NT					
District					
L'We wish to receive the water and sewage charges bills in *Chinese / English. L'We *wish/do not wish to receive water and sewage charge bills in electronic form by email.					
* Delete where inappropriate					

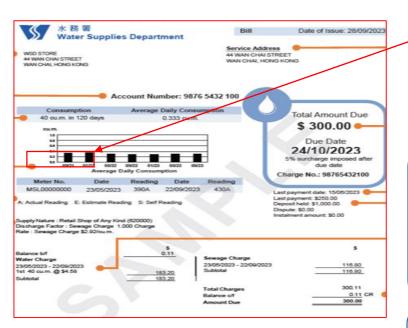
Address of the Subdivided Units



Applicant's Mailing Address

WWO 1156A (11/2025)

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Please provide proof of Search

需提供查冊證明

3. Separate Water Meters

Meter no. currently serving the flat	
No. of separate water meters applied for (mechanical type)	Based on the no. of SDUs
No. of separate water meters applied for (smart type)	based off the flo. of 3DOS
(please submit Annex to this form)	
Room no. of SDUs (e.g. sub-unit A/B/C or 1/2/3, etc.)	Provide room no. of each SDU for
4. Flushing Facilities	
1. I/we confirm the above subdivided units adopting salt water/temporary main flushing (TMF) for flushing as approved by the WA	identification
 I/we hereby apply to the WA for using fresh water for flushing due to the following reason. (Please mark the flushing water pipe, proposed locations for flushing meter(s) and double check valve(s)) 	
	Based on the plumbing system
(Please tick (✓) the appropriate box □)	
	for flushing for SDUs
No. of subdivided units	
No. of flushing facilities using fresh water	
No. of flushing meters applied	
No. of double check valves to be installed	
5. Information of Responsible Licensed Plumber (Note 9)	
Name:Day-time tel. no.:	
Mailing address:	Information of Responsible
Plumber's licence no.:	Licensed Plumber who undertakes
6. Documents required to be submitted with Application Form	the associated works
A copy of *Identity Card No./Identity Proof Document No./Business Registration. (Note 4)	
Document to prove the entire SDU flat is under the management of the applicant. (Note 5)	
Layout plan of SDUs flat showing (a) location of meter positions and (b) each SDU served by respective plumbing and separate meter.	Please refer to the Technical
	Requirement for Plumbing Works in
7. Applicant's Undertaking and Agreement	Buildings or consult Licensed Plumber
The second secon	Dullulligs Of Collouit Licensed Pluffiber

I / We fully understand and agree to abide by the content of items (A) - (F) of the undertaking and agreement below, as well as the payment rules (if applicable) in accordance with the provisions of this undertaking form (Notes 6 & 7).

^{*} Delete where inappropriate