

To : The Water Authority
43/F, Immigration Tower, 7 Gloucester Road, Hong Kong

Tel. 2824 5000 Fax. 2802 7333
Email: wsinfo@wsd.gov.hk

**APPLICATION FOR
WATER METER REMOVAL AND WATER SUPPLY DISCONNECTION
DUE TO BUILDING DEMOLITION
BUILDING (DEMOLITION WORKS) REGULATIONS**

Lot No.: _____
Address: _____

I. Water Meter Removal (about 14 working days upon receipt of confirmation of meters to be removed or the Removal Date as stated below whichever is the later)

Site Contact Person - Name: _____ Tel. No.: _____

Removal Date : _____

Please submit 1:1000 location plan of building(s) to be demolished.

II. Disconnection of Water Supply:

Please disconnect 1. Potable Water
 2. Flushing Water
 3. Fire Services

Disconnection Date : _____
(Time required to arrange the capping of exposed connections and underground connections is about 14 working days and about 3 months respectively)

I shall ensure availability of site under safe condition for the water meter removal and water supply disconnection works (hereunder referred as the works) and undertake to make ready for the execution of the works commencing on the Removal Date/Disconnection Date as specified above.

I fully understand the purpose and agree to the Water Authority using data collected from me for the purpose of or directly related to applying for the works. If I do not provide sufficient data, the Water Authority may not be able to process my application. I agree that these data and other related information may be transferred to other Government bureaux and departments. I understand that I can request the Departmental Secretary of the Water Supplies Department at 48/F, Immigration Tower, 7 Gloucester Road, Hong Kong for access to and correction of personal data.

Authorized Person's Signature _____
Name (in Block Letters) _____
Date _____
Authorized Person's Registration No. _____
Mailing Address _____
E-mail _____
Fax No. _____
Tel No. _____

Tick where appropriate

III. Change of Removal/Disconnection Date (14 working days advance notice required): _____

Authorized Person's Signature _____
Name (in Block Letters) _____
Date _____
Authorized Person's Registration No. _____