

APPLICATION FOR EXTENSION OF WATER BOWSERS SUPPLY (REGULAR FIXED/ONE HARSHIPS

DATE: _____

1. NAME: _____
2. CNIC NO: _____ 3. CELL NO: _____
4. REV ID: _____ 5. CBC DUES: PAID UNPAID
6. ADDRESS: _____
7. HOUSE: SELF OCCUPIED RENTED RENT AMOUNT _____
8. WATER LINE: EXIST NOT EXIST
9. BUILDING TYPE: BUNGALOW FLAT PLOT SIZE _____ SQYD
10. REASON OF BOWSERS SUPPLY _____

SIGNATURE OF THE APPLICANT

FOR OFFICE USE ONLY

1. LAST BOWSER DATED: _____ 2. PREVIOUS REFERENCE: _____
3. PREVIOUS DURATION: _____ 4. TOTAL COUPONS GENERATED: _____

CHECKED BY: (_____)

4. SITE REPORT: _____

5. RECOMMENDED NO. OF BOWSERS: _____ TIME PERIOD: _____

SDO WATER SUPPLY

CANTT. ENGINEER

CHIEF CANTT. ENGINEER

APPROVED / NOT APPROVED

EXECUTIVE OFFICER

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1. CHALLAN ID: _____ 2. PAYMENT DATE: _____ 3. AMOUNT: _____
 4. COUPONS GEN/ID: _____ 5. NO OF COUPONS: _____
 6. BOWSERS DURATION: _____ 7. DATES FOR WATER BOWSERS SUPPLY _____

UPDATED BY: (_____)

Dated: _____