



**REQUEST FOR TRUCK BORNE
WATER SUPPLY
APPLICANT INFORMATION**

DATE: _____
NAME: _____
CONTACT NO: _____
ADDRESS: _____

DETAILS OF WATER SUPPLY

HOUSEHOLD: HOW MANY PERSONS: _____
SCHOOLS: _____
HEALTH FACILITIES: _____
OTHER: _____

DO YOU HAVE A SUPPLY OF PIPE BORNE WATER? YES [] NO []

HOW LONG HAVE YOU BEEN WITHOUT PIPE BORNE WATER? _____

CURRENT METHOD OF WATER STORAGE

BARREL/DRUMS: []
TANK: []
OTHER, STATE: _____

FOR OFFICIAL USE ONLY

Request recommend: YES [] NO []
Reason/Additional Comments: _____

Supervisor: _____ Public Health Officer: _____

Date: _____