Registered Office

Greaghlone,

Carrickmacross

Co Monaghan.

0429667812

admin@mgws.ie

A81R791

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Form**

**Name: (Block Caps**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Eircode Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(For connection)**

Contact number: (mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of connection required (tick)

**H/O** **L/O** **Comm** **Commercial**

House only (A) Land Only (A) Additional Meter B

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I wish to apply to the committee of the above scheme for a water connection. The connection fees are **€3500(A) €1400(B)**. **€1000 payable** on application. Balance of payment due before connection.

Payment does not guarantee a connection on the scheme. All applications are subject to assessment.

Any unsuccessful applications will receive a full refund.

Please include co-ordinates or a site map.

**Bank Details: AIB Bank Carrickmacross IBAN:IE96AIBK93203518732373. BIC: AIBKIE2D**

If accepted, I agree to become a member of the Co - op Society and agree to the rules of same.

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR OFFICIAL USE ONLY

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Quality Free Cl | Residual Cl | Distance from NW |
|  |  |  |  |