

REPAIR OF SERVICE CONNECTION

REQUIREMENTS : 1. Service Order

Fees : 1. Cost of materials used in the repair.

| STEP | APPLICANT/CLIENT | DEL GALLEGGO WATER DISTRICT | THIS WILL TAKE | PERSON IN CHARGE | LOCATION |
|------|---|--|--|--|---------------------------|
| 1 | <p>Proceed to Public Assistance Counter and provide information regarding request.</p> <p>You may also reach us through the following: Hotline No: 09082533071 Smart 09178823694 Globe E-mail : dgwd_576@yahoo.com FB page: WD Del Gallego Website: dgowaterdistrict.com</p> | Prepare Service Order and have it signed by the client. | 5 minutes | FREDDIE B. ALCANTARA/OD Utility/Cust. Service Asst C | Public Assistance Counter |
| 2 | Assist DGWD Personnel during inspection. | Inspect service connection to ascertain materials needed and determine nature of work. | 3 hours after receipt of request | BENITO U. SILANG REYNALDO G. AÑIL JR. Water Resource Facilities Operator B | On-Site |
| 3 | After the conduct of repair, acknowledge the work performed by signing the Service Order. | <p>Perform repair</p> <p>(If the problem that needs repair is after the water meter, client has an option to have it repaired by non-DGWD plumber)</p> | <p>Simple repairs 30 minutes to 2 hours after inspection</p> <p>For complex repair, 1 day to 2 days after inspection</p> | REYNALDO G. AÑIL JR. BENITO U. SILANG Water Resource Facilities Operator B | On-Site |

END OF TRANSACTION

INSPECTION OF SERVICE CONNECTION WITH NO WATER OR LOW PRESSURE

REQUIREMENTS : 1. Service Order

Fees : 1. Cost of materials if repair is conducted on service connection.

| STEP | APPLICANT/CLIENT | DEL GALLEGGO WATER DISTRICT | THIS WILL TAKE | PERSON IN CHARGE | LOCATION |
|------|--|---|----------------------------------|--|---------------------------|
| 1 | <p>Proceed to Public Assistance Counter and provide information regarding request. You will be asked to sign the Service Order.</p> <p>You may also reach us through the following: Hotline No: 09082533071 Smart 09178823694 Globe E-mail : dgwd_576@yahoo.com FB page: WD Del Gallego Website: dgowaterdistrict.com</p> | Prepare Service Order and have it signed by the client. | 5 minutes | <p>FREDDIE B. ALCANTARA/ OD Utility/Cust. Service Asst C</p> | Public Assistance Counter |
| 2 | Assist DGWD Personnel during inspection. After inspection/evaluation, acknowledge work performed by signing the service order. | Conduct Inspection/evaluation of water service connection. Inform client of the result of inspection. | 2 hours after receipt of request | <p>ENGR. RAMON DL. CATANEO Engineer B</p> <p>REYNALDO G. AÑIL JR. Water Resource Facilities Operator B</p> | On-Site |

| | | | | | |
|---------------------------|--|--|---|---|---------|
| | | <p>Conduct repair, if needed.</p> <p>(If problem that needs repair is after the water meter, client has an option to have it repaired by non-DGWD plumber)</p> | <p>Simple repair, 30 minutes to 1 hour after inspection</p> <p>For complex repair, 1 day to 2 days after inspection</p> | <p>REYNALDO G. AÑIL JR. BENITO U. SILANG Water Resource Facilities Operator B</p> <p>RENO P. VILLAPANDO RUEL S. MAYO VICTOR B. VALERA JAYSON E. MALINAO Job Order</p> <p>ENGR. RAMON DL. CATANEO Engineer B</p> | On-Site |
| END OF TRANSACTION | | | | | |

SERVICE DISCONNECTION

REQUIREMENTS : 1. Service Order

Fees : None

| STEP | APPLICANT/CLIENT | DEL GALLEGOS WATER DISTRICT | THIS WILL TAKE | PERSON IN CHARGE | LOCATION |
|---------------------------|--|---|----------------|--|---------------------------|
| 1 | Proceed to Public Assistance Counter and provide information regarding request. You will be asked to sign the Service Order. | Prepare Service Order, have it signed by the client and forward the same to the Inspector to conduct special reading of consumption | 5 minutes | FREDDIE B. ALCANTARA Utility/Cust. Service Asst C | Public Assistance Counter |
| 2 | | Conduct special meter reading and accomplish Consumption Verification Slip. | 30 minutes | BENITO U. SILANG Water Resource Facilities Operator B JAYSON E. MALINAO Job Order | On-Site |
| 3 | | Receive Service Order and assign personnel who will conduct the disconnection | 5 minutes | ENGR. RAMON DL. CATANEO Engineer B | Office |
| 4 | After disconnection, acknowledge the work performed by signing the Service Order | Perform permanent/temporary disconnection and water meter pull out. | 30 minutes | BENITO U. SILANG Water Resource Facilities Operator B JAYSON E. MALINAO Job Order | On-Site |
| END OF TRANSACTION | | | | | |

TRANSFER OF SERVICE CONNECTION

- REQUIREMENTS :**
1. Service Order
 2. Proof of ownership or authority to use the land or building.
 3. In case of tapping from existing service connection, written authorization from the owner of SC.

Fees : 1. Transfer Fee: P 500.00

| STEP | APPLICANT/CLIENT | DEL GALLEGO WATER DISTRICT | THIS WILL TAKE | PERSON IN CHARGE | LOCATION |
|------|--|--|--------------------------------|---|---------------------------|
| 1 | Proceed to Public Assistance Counter and provide information regarding request. You will be asked to sign the Service Order. | Prepare Service Order, have it signed by the client and forward the same to the Inspector to conduct on site inspection. Inform client on the schedule of on-site inspection. | 5 minutes | FREDDIE B. ALCANTARA Utility/Cust. Service Asst C | Public Assistance Counter |
| 2 | Assist DGWD Personnel during on-site inspection and receive copy of the Assessment Form. | Conduct on-site inspection, accomplish Assessment Form and inform client on the result of inspection. | 1 day after filing the request | ENGR. RAMON DL. CATANEO Engineer B | On-Site |
| 3 | Have your assessment verified before payment | Verify prices of labour and materials | 3 minutes | FLORENDIA B. VALENCIA Sr. Acctg. Processor - A | Office |
| 4 | Proceed to the Cashier's Booth and pay the fees and charges indicated in the Assessment Form | Receive payment and issue Official Receipt | 1 minute | EUMAR SUARILLA Cashier (Designate) | Cashier's Booth |
| 5 | Proceed to Public Assistance Counter and present OR with the above requirements | Receive and review submitted documents Process Service Order for the installation of service connection | 5 minutes | FREDDIE B. ALCANTARA Utility/Cust. Service Asst C | Public Assistance Counter |

| | | | | | |
|---|--|---|----------------------|---|---------|
| | | Schedule the installation of the service connection and assign plumber. Prepare Requisition and Issuance Slip for materials that will be needed and submit the same to the Property Officer | 5 minutes | ENGR. RAMON DL. CATANEO Engineer B | Office |
| | | Issue materials to assigned plumber | 10 minutes | FREDDIE B. ALCANTARA Supply Officer (Designate) | Office |
| 6 | After installation, acknowledge the work performed by signing the Service Order. | Install Service Connection. | 30 minutes to 1 hour | REYNALDO G. AÑIL JR. Water Resource Facilities Operator B RUEL S. MAYO RENO P. VILLAPANDO VICTOR B. VALERA Job Order | On-Site |

END OF TRANSACTION

RECLASSIFICATION OF ACCOUNT

REQUIREMENTS : 1. Account Reclassification Request Form

Fees : NONE

| STEP | APPLICANT/CLIENT | DEL GALLEGOS WATER DISTRICT | THIS WILL TAKE | PERSON IN CHARGE | LOCATION |
|---------------------------|--|---|----------------|--|---------------------------|
| 1 | Proceed to Public Assistance Counter and provide information regarding request. You will be asked to sign the Account Reclassification Form. | Prepare the account reclassification form to be signed by the client and forward the same to the inspector. | 5 minutes | FREDDIE B. ALCANTARA Utility/Cust.Service Asst C | Public Assistance Counter |
| 2 | Assist DGWD Personnel during inspection/verification. | Conduct on-site inspection to validate request and notify the client of the result of inspection. | 10 minutes | ENGR. RAMON DL. CATANEO Engineer B REYNALDO G. AÑIL JR. BENITO U. SILANG Water Resource Facilities Operator B | On-Site |
| | | Update customer records/Billing System to reflect changes made on the account classification. New account classification will appear in the billing. | 2 minutes | FREDDIE B. ALCANTARA Supply Officer (Designate) | Office |
| END OF TRANSACTION | | | | | |

CHANGE OF ACCOUNT NAME/OWNERSHIP

- REQUIREMENTS :**
1. Request for Change of Account Name Form (RCAN)
 2. Any of the following documents which ever is applicable:
 - a) Copy of Deed of Sale
 - b) Copy of Death Certificate, if the previous account holder has passed away;
 - c) Lease Contract
 - d) Written consent/waiver of the previous account holder

- Fees :**
1. Change Account Name Fee P150.00.

| STEP | APPLICANT/CLIENT | DEL GALLEGO WATER DISTRICT | THIS WILL TAKE | PERSON IN CHARGE | LOCATION |
|------|---|--|----------------|--|---------------------------|
| 1 | Proceed to Public Assistance Counter and secure and fill out the Change Registration Form (CRF) | Give the client the RCAN Form | 5 minutes | FREDDIE B. ALCANTARA Utility/Cust.Service Asst C | Public Assistance Counter |
| 2 | Submit the duly accomplished Change Registration Form with the applicable requirements. | Review the RCAN Form and other submitted documents. >If the concessionaire or customer is new, advice client to attend the orientation seminar for new service connection, otherwise advice client to pay the Change Registration Fee at the Cashier's Booth. | 5 minutes | FREDDIE B. ALCANTARA Utility/Cust.Service Asst C | Public Assistance Counter |
| 3 | Proceed to Cashier's Booth and pay the Change Registration Fee. | Process payment and issue OR | 2 minutes | EUMAR S. SUARILLA Cashier (Designate) | Cashier's Booth |

| | | | | | |
|---|---|---|-----------|---|---------------------------|
| 4 | Present OR to the Customer Service Assistant. You will be asked to accomplish a new Service Contract. | Assist client in accomplishing the Service Contract | 2 minutes | FREDDIE B. ALCANTARA Utility/Cust. Service Asst C | Public Assistance Counter |
| | | Update customer records. The account name will appear in the next billing statement | 2 minutes | FREDDIE B. ALCANTARA Utility/Cust. Service Asst C | Office |

END OF TRANSACTION

APPLYING FOR NEW SERVICE CONNECTION

- REQUIREMENTS :**
1. Service Application Form
 2. Service Contract
 3. Community Tax Certificate
 4. Proof of ownership or authority to use the land or building
 5. In case of tapping from existing service connection, written authorization from the owner of Service Connection.

Fees : 1. Registration Fees: P 2,500.00

| STEP | APPLICANT/CLIENT | DEL GALLEGO WATER DISTRICT | THIS WILL TAKE | PERSON IN CHARGE | LOCATION |
|------|---|--|-----------------------|---|---------------------------|
| 1 | Proceed to Public Assistance Counter, secure and fill out the Service Application Form (SAF). | Give the client the Service Application Form | 5 minutes | FREDDIE B. ALCANTARA Utility/Cust.Service Asst C | Public Assistance Counter |
| 2 | Submit the duly accomplished SAF | Review the SAF and inform client on the schedule of on-site inspection of service connection and cost of labour & materials. | 3 minutes | FREDDIE B. ALCANTARA Utility/Cust.Service Asst. C | Public Assistance Counter |
| 3 | Assist DGWD Personnel during the on-site inspection. | Conduct on-site inspection, accomplish Assessment Form and inform client of the result of inspection | 1day after filing SAF | ENGR. RAMON DL. CATANEO Engineer B REYNALDO G. AÑIL JR. Water Resource Facilities Operator B | On-Site |
| 4 | Attend Orientation / Seminar for New Service Connection. | Conduct Orientation / Seminar | 15 minutes | FREDDIE B. ALCANTARA Utility/Cust.Service Asst C | Office |

| | | | | | |
|---|---|---|-------------------|---|---------------------------|
| 5 | Have the total assessment verified before payment | Verify the price of labour and materials | 3 minutes | FLORENDA B. VALENCIA Sr. Acctg. Processor-A | Office |
| 6 | Proceed to the cashier and pay the fees and charges indicated in the Assessment Form | Receive payment and issue Official Receipt | 1 minute | EUMAR S. SUARILLA Cashier (Designate) | Cashier's Booth |
| 7 | Proceed to Public Assistance and present OR with above requirements and accomplish the Service Contract | Receive and review submitted documents, provide Service Contract and assist client in accomplishing the Service Contract. | 10 minutes | FREDDIE B. ALCANTARA Utility/Cust. Service Asst C | Public Assistance Counter |
| | | Schedule the installation of service connection and assign plumber. Prepare Requisition and Issuance Slip for materials that will be needed and submit the same to the Property Officer | 5 minutes | ENGR. RAMON DL. CATANEO Engineer B FREDDIE B. ALCANTARA Utility/Cust. Service Asst C | Office |
| | | Issue materials to assigned Plumber | 15 minutes | FREDDIE B. ALCANTARA Supply Officer (Designate) | Office |
| 8 | After installation, acknowledge the work performed by signing the Service Order. | Install New Service Connection. | 30 min. to 1 hour | REYNALDO G. AÑIL JR. Water Resource Facilities Operator B VICTOR B. VALERA Job Order | On-site |

END OF TRANSACTION

VOLUNTARY DISCONNECTION OF SERVICE

REQUIREMENTS : 1. Service Order

Fees : 1. Fees and charges prescribe under Policy # 2, Section I - **Service Disconnection or Termination.**

| STEP | APPLICANT/CLIENT | DEL GALLEGO WATER DISTRICT | THIS WILL TAKE | PERSON IN CHARGE | LOCATION |
|------|--|---|----------------------|---|---------------------------|
| 1 | Proceed to Public Assistance Counter and provide information regarding request. | Prepare Service Order for signature of the client. | 5 minutes | FREDDIE B. ALCANTARA Utility/Cust. Service Asst C | Public Assistance Counter |
| 2 | Pay the applicable disconnection fees to the cashier. | Process Payment and issue OR | 2 minutes | EUMAR S. SUARILLA Cashier (Designate) | Cashier's Booth |
| 3 | Present the OR to Public Assistance counter and sign the service order for disconnection | Prepare Service Order and assign personnel who will conduct the disconnection | 5 minutes | BENITO U. SILANG Water Resource Facilities Operator B | Office |
| 4. | After disconnection, acknowledge the work performed by signing the Service Order | Perform disconnection and water meter retrieval | 30 minutes to 1 hour | BENITO U. SILANG Water Resource Facilities Operator B | On-site |

END OF TRANSACTION

RECONNECTION OF SERVICE CONNECTION

REQUIREMENTS :

1. Service Order
2. Payment of arrearages, if any

Fees :

1. Reconnection Fee: P 300.00

| STEP | APPLICANT/CLIENT | DEL GALLEGO WATER DISTRICT | THIS WILL TAKE | PERSON IN CHARGE | LOCATION |
|------|---|---|----------------|--|---------------------------|
| 1 | Proceed to Public Assistance Counter and provide information regarding request. | Verify and check your Accounts. | 5 minutes | FREDDIE B. ALCANTARA Utility/Cust.Service Asst C | Office |
| | | Provide client with printout of account ledger | 7 minutes | FREDDIE B. ALCANTARA Utility/Cust.Service Asst C | Office |
| 2 | Pay the arrearages (if any) and applicable reconnection fees to the Cashier's Booth | Process Payment and issue OR | 1 minute | EUMAR S. SUARILLA Cashier (Designate) | Cashier's Booth |
| 3 | Present the OR to Public Assistance counter and sign the service order for the reconnection of service connection | Prepare Service Order for signature of the client | 2 minutes | FREDDIE B. ALCANTARA Utility/Cust.Service Asst C | Public Assistance Counter |
| | | Receive Service Order, retrieve water meter and assign personnel who will conduct reconnection of service | 10 minutes | REYNALDO G. AÑIL JR. BENITO U. SILANG Water Resource Facilities Operator B | Office |

| | | | | | |
|---------------------------|---|----------------------|---|--|---------|
| 4 | After reconnection, acknowledge the work performed by signing the Service Order | Perform reconnection | 1 to 1 ½ hours reconnection 1 to 2 hours for mainline reconnection | REYNALDO G. AÑIL JR. BENITO U. SILANG Water Resource Facilities Operator B RUEL S. MAYO RENO P. VILLAPANDO VICTOR B. VALERA Job Order | On-site |
| END OF TRANSACTION | | | | | |

INSPECTION OF WATER METER FOR POSSIBLE DEFECT

REQUIREMENTS : 1. Service Order

Fees : NONE

| STEP | APPLICANT/CLIENT | DEL GALLEGOS WATER DISTRICT | THIS WILL TAKE | PERSON IN CHARGE | LOCATION |
|------|---|---|--------------------------------|--|---------------------------|
| 1 | Proceed to Public Assistance Counter and provide information regarding your request. | Prepare Service Order, have it signed by the client and forward the same to the Inspector to conduct on site inspection. Inform client on the schedule of inspection. | 5 minutes | FREDDIE B. ALCANTARA Utility/Cust.Service Asst C | Public Assistance Counter |
| 2 | Assist DGWD Personnel during inspection. Acknowledge result of inspection by signing the Inspection Report. | Conduct inspection of service connection and/or test water meter accuracy. Inform client of the result. Note: If problem is over registering water meter, billing will be adjusted based on the average consumption for the last six months or, for new service connections, to the minimum rate. (If problem that needs repair is after the water meter, client has an option to have it repaired by non-DGWD plumber.) | 1 day after filing the request | ENGR. RAMON DL. CATANEO Engineer B REYNALDO G. AÑIL JR. BENITO U. SILANG Water Resource Facilities Operator B | On-Site |
| | | For over registering water meter, submit report to the CSD for adjustment of billing. | 1 hour after inspection | ENGR. RAMON DL. CATANEO Engineer B | Office |

| | | | | | |
|--|--|---|--------------|---|--------|
| | | Prepare Billing Adjustment Memo | 5 minutes | FREDDIE B. ALCANTARA Utility/Cust.Service Asst C | Office |
| | | Adjust customer account ledger to reflect change in the billing. | 5 minutes | FREDDIE B. ALCANTARA Utility Cust. Service Asst C | Office |

END OF TRANSACTION

BILLING

REQUIREMENTS : NONE

Fees : NONE

| STEP | APPLICANT/CLIENT | DEL GALLEGOS WATER DISTRICT | THIS WILL TAKE | PERSON IN CHARGE | LOCATION |
|------|------------------|--|----------------------|---|----------|
| | | Update Concessionaires Accounts at Billing System and Schedule Monthly Meter Reader | 30 minutes | FREDDIE B. ALCANTARA Utility/Cust.Service Asst C | Office |
| | | Generate meter reading proof lists to be forwarded to meter readers. | 5 minutes | FREDDIE B. ALCANTARA Utility/Cust.Service Asst C | Office |
| | | Actual meter reading. | 2 minutes/ meter | REYNALDO G. AÑIL JR. BENITO U. SILANG Water Resource Facilities Operator B/ Meter Reader (Assigned) RUEL S. MAYO RENO P. VILLAPANDO JAYSON E. MALINAO VICTOR B. VALERA Meter Reader (Assigned) | On-site |
| | | Encoding of meter reading result. > If an abrupt increase in consumption is found, prepare meter reading verification slip. | | FREDDIE B. ALCANTARA Utility/Cust.Service Asst C | Office |

| | | | | | |
|---------------------------|--|---|-----------------------|--|---------|
| | | Verify meter reading of accounts with abrupt increase/decrease consumption. | 5 minutes | REYNALDO G. AÑIL JR. BENITO U. SILANG Water Resource Facilities Operator B | On-Site |
| | | Prepare statement of accounts (Water Bill) | 2 minutes/ account | FREDDIE B. ALCANTARA Utility/Cust.Service Asst C | Office |
| | | Generate statement of accounts receiving forms to be forwarded to assigned field personnel. | | FREDDIE B. ALCANTARA Utility/Cust.Service Asst C | Office |
| | Receive statement of accounts and sign receiving form. | Distribute statement of accounts to concessionaires. | 2 minutes/ Bill | BENITO U. SILANG Water Resource Facilities Operator B JAYSON E. MALINAO Job Order | Office |
| END OF TRANSACTION | | | | | |

COLLECTION OF WATER BILL

REQUIREMENTS : NONE

Fees : NONE

| STEP | APPLICANT/CLIENT | DEL GALLEGO WATER DISTRICT | THIS WILL TAKE | PERSON IN CHARGE | LOCATION |
|------|--|---|----------------|--|-----------------|
| 1 | Pay water bill and other charges appearing on the statement of accounts. | Receive payment and issue an official receipt. | 1 minute | EUMAR S. SUARILLA Cashier (Designate) | Cashier's Booth |
| 2 | For field collection: > DGWD personnel will visit the concessionaire during disconnection date as indicated in the statement of accounts to collect payment as per office order/memorandum. | Receive payment. | 2 minutes | BENITO U. SILANG Water Resource Facilities Operator B | On-Site |
| | | Remit collection to the cashier. > For field collector, remit payment to the cashier for issuance of OR. | 6 minutes | EUMAR S. SUARILLA Cashier (Designate) | Cashier's Booth |

END OF TRANSACTION

APPLYING FOR SENIOR CITIZEN / PWD DISCOUNT AVAILMENT

- REQUIREMENTS :** 1. Application Form
2. 1 pc (2x2) Picture
3. Photocopy of Valid Senior Citizen ID
- Fees :** NONE

| STEP | APPLICANT/CLIENT | DEL GALLEGO WATER DISTRICT | THIS WILL TAKE | PERSON IN CHARGE | LOCATION |
|------|--|---|----------------|---|---------------------------|
| 1 | Proceed to Public Assistance Counter and provide information regarding your request. | Give the application form for SC Discount availment and assist to fill out the form. | 1 minute | FREDDIE B. ALCANTARA Utility/ Cust. Service Asst. C / OD | Public Assistance Counter |
| 2 | Fill out the SC Discount Availment form. | Assist the Senior Citizen to fill out the form. | 2 minutes | FREDDIE B. ALCANTARA Utility/ Cust. Service Asst. C / OD | Office |
| | | Evaluate the necessary document requirements submitted and discuss the condition for the availment. | 5 minutes | FREDDIE B. ALCANTARA Utility/ Cust. Service Asst. C / OD | Office |
| 3 | Present the Senior Citizen's ID at the Cashier during payment. | Forward the documents for approval and file the document for records. | 5 minutes | FREDDIE B. ALCANTARA Utility/ Cust. Service Asst. C / OD | Office |

END OF TRANSACTION



DEL GALLEGO WATER DISTRICT CITIZEN'S CHARTER

October 2017

Table of Contents

| | |
|---|---------|
| Mission and Vision | 1 |
| Del Gallego Water District (DGWD) Service Pledge | 2 |
| Feedback / Redress Mechanisms | 3 |
| List of Frontline Services | 4 |
| Repair of Service Connection | 5 |
| Inspection of Service Connection with no Water and Low pressure | 6 |
| Service Disconnection | 8 |
| Transfer of Service Connection | 9 |
| Reclassification of Account | 11 |
| Change of Account Name / Ownership | 12 |
| Applying for New Service Connection | 14 |
| Voluntary Disconnection of Service | 16 |
| Reconnection of Service Connection | 17 |
| Inspection of Water Meter for Possible Defect | 19 |
| Billing | 21 |
| Collection of Water Bill | 23 |
| Applying for Senior Citizens / PWD Discount | 24 |
| Forms | 25 - 35 |

FEEDBACK AND REDRESS MECHANISMS

COMMENTS, SUGGESTION AND COMPLAINTS ARE WELCOME THROUGH THESE MEANS:

- ✓ **Customer Feedback Form and Drop Box**
Provided in all our offices from MONDAY – FRIDAY during office hours.
- ✓ **E-Mail Address:** dgwd_576@yahoo.com.ph
- ✓ **Hotline # :** Smart 0908 253 3071
Globe 0917 882 3694
- ✓ **DGWD Website:** dgowaterdistrict.com
- ✓ **Facebookpage:** [delgallegowaterdistrict](https://www.facebook.com/delgallegowaterdistrict)

DGWD Performance Pledge

We, the officials and employees of Del Gallego Water District commit to:

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eligent, ready to serve promptly by our dedicated personnel with proper indentifiaction from Monday to Friday, 8:00 Am – 5:00 PM.

G

ood service, attend quickly to reports complaints, queries and requests.

W

ork efficiently to provide their needs through Public Assistance and complaint desk.

Hotline No. # 0908 253 3071 Smart
0917 882 3694 Globe

D

o – good. Ensure customer satisfaction through prompt delivery of services and treat them with courtesy.

DEL GALLEGO WATER DISTRICT

VISION

We envision DEL GALLEGO WATER DISTRICT as a premiere provider of safe, potable water using state of the art, technologically advance and environmentally friendly facilities with competitive services provided by efficient and contented employees under a firm, descent and progressive management.

MISSION

It is our mission to provide all the constituents of Del Gallego with safe, potable water at a socially conscious cost, beneficial to environment and the whole population, promoting the interest of each concessionaires and employees, through a God-fearing, hopeful and highly work force.

DEL GALLEGO WATER DISTRICT

FRONTLINE SERVICES

- *REPAIR OF SERVICE CONNECTION*
- *INSPECTION OF SERVICE CONNECTION WITH NO WATER OR LOW PRESSURE*
- *SERVICE DISCONNECTION*
- *TRANSFER OF SERVICE CONNECTION*
- *RECLASSIFICATION OF ACCOUNTS*
- *CHANGE OF ACCOUNT NAME / OWNERSHIP*
- *APPLYING FOR NEW SERVICE CONNECTION*
- *VOLUNTARY DISCONNECTION OF SERVICE*
- *RECONNECTION OF SERVICE CONNECTION*
- *INSPECTION OF WATER METER FOR POSSIBLE DEFECT*
- *BILLING*
- *COLLECTION OF WATER BILL*
- *APPLYING FOR SENIOR CITIZEN / PWD DISCOUNT AVAILMENT*



◆Address: Andaya Highway, Brgy. Comadog-Cadog Del Gallego, Cam. Sur ◆

◆Tel. No. (042) 304-8543 ◆

◆Email: dgwd_576@yahoo.com ◆



Republic of the Philippines
DEL GALLEGO WATER DISTRICT
Del Gallego, Camarines Sur

APPLICATION AND CONTRACT FOR WATER SERVICE

Application is hereby made for water service to be supplied by **DEL GALLEGO WATER DISTRICT**, Del Gallego, Camarines Sur to be used by me in accordance with the Rules and Regulations of the **DEL GALLEGO WATER DISTRICT** to enforce or maybe enforce thereafter.

IN ADDITION I HEREBY AGREE :

1. To use water meter on a monthly basis which automatically renew unless otherwise terminated upon due notice within reasonable time.
2. To pay on a monthly basis the Del Gallego Water District for the water rate furnished upon presentation of the bill within fifteen (15) days from its presentation. Water Service maybe disconnected without further notice if the same is not paid after seven (7) days grace period.
3. To notify the Del Gallego Water District when as owner, transfer the ownership of the property to another, or when as tenant decided to *leave the premises*.
4. That duly authorize representatives of Del Gallego Water District are hereby given permission to enter the premises to enable them to perform their official duties.
5. That the Del Gallego Water District shall not be held responsible for the interruption of the service due to causes beyond its control and may disconnect the service upon violation of any terms of this contract or when the district has reasonable ground to believe that the customer is using the water service in violation of DGWD Utility Rules and Regulations, Existing Laws, Municipal Ordinances and Presidential Decrees.
6. To guarantee that no illegal tapping will be made on my service pipeline and agree to maintain expenses of the same including the water meter.
7. That I will not allow any sub-connection from my water service line without permission from the Del Gallego Water District.
8. That Failure to receive a bill/statement of account does not relieve me of my liability.
9. That any amount due shall be deemed a debt to the Del Gallego Water District and neglecting or refusing to pay said indebtedness shall be my liability to a civil action in the name of Del Gallego Water District, in *any court of competent jurisdiction for the amount thereof*.

Subscribed and sworn to before me this ____ day of _____, _____.

CONFORME:
Concessionaire:

Del Gallego Water District:

(SIGNATURE OVER PRINTED NAME)
RES. CERT. NO.: _____
DATE ISSUED : _____
PLACE ISSUED : _____

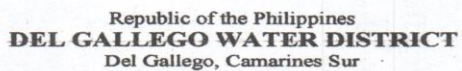
EVELYN B. GARCIA, DMD
(SIGNATURE OVER PRINTED NAME)
RES. CERT. NO.: _____
DATE ISSUED : _____
PLACE ISSUED: _____

Notarized by:

(SIGNATURE OVER PRINTED NAME)
NOTARY PUBLIC

LIC. NO. _____
VALID UNTIL: _____
BOOK No. _____ PAGE No. _____

**Not Valid without
Official Seal**



SERVICE APPLICATION AND CONSTRUCTION ORDER

SACO/FORMS 2004



Republic of the Philippines
DEL GALLEGO WATER DISTRICT
 Brgy. Comadogcadog, Del Gallego,
 Camarines Sur, 4411

| | | | | | | |
|---|-----------|------------------------|------------------------|-----|----------|--------|
| BILLING ADJUSTMENT MEMO | | | | | MEMO | |
| CONCESSIONAIRE | | | | | DATE | |
| CUST. ACCT. NO. | | | | | BILL NO. | |
| EXPLANATION: | | | | | | |
| | | | | | | |
| CONSUMPTION (CU.M.) | | | JOURNAL ENTRIES | | | |
| AS BILLED | SHOULD BE | INCREASE (DECREASE) | ACCOUNT | | AMOUNT | |
| | | | TITLE | NO. | DEBIT | CREDIT |
| | | - | | | | |
| <div> <div>Prepared by:</div> <div>FREDDIE B. ALCANTARA BILLING/CLERK</div> </div> <div> <div>Approved by:</div> <div>EVELYN B. GARCIA, DMD. GENERAL MANAGER D</div> </div> | | | | | | |



Republic of the Philippines
DEL GALLEGO WATER DISTRICT
Zone 1, Poblacion, Del Gallego, Camarines Sur
Non-VAT Reg. TIN 005-529-926-000 CCC # 576
Tel. No. (042) 304-8543

OFFICIAL RECEIPT

DATE: _____

136304

Received from Mr./M _____
the sum of _____
(P _____) as payment for:

| | |
|------------------------------|---|
| Water Bill - Current | P |
| Water Bill - Arrears - CY | |
| Arrears - PY | |
| Reopening Fee | |
| Transfer Fee | |
| Application/Registration Fee | |
| Inspection Fee | |
| Water Meter Maintenance | |
| Tapping Fee | |
| Notarial Fee | |
| Boring/Restoration Fee | |
| Others: Materials | |
| Total Sales | |
| Less: SC/PWD Discount | |
| Total Due | |
| Less: Withholding Tax | |
| Payment Due | P |

Payment in the form of:

- ☐ Cash
☐ Check No. _____
Date : _____

NOTE: In case payment is made by check, such payment will become binding only when check is honored by the drawee bank upon first presentation.

RECEIVED BY:

CASHIER

Form No. BC - 17

300 Fado (50x2) SN 135001-150000
BIR Authority to Print No. OCN 1AU0001430797
Date Issued: 12-15-2015 Valid until: 12-15-2020 Printer's Accreditation No. 065MP20140000000010
NAGA GOLDPRINT INC.
Concepcion Grande Naga City
TIN: 000-270-060-000 VAT

Orig. - Customer Dup. - Accounting

Date Issued: 24-Feb-2014

"THIS DOCUMENT IS NOT VALID FOR CLAIMING INPUT TAXES"
"THIS OFFICIAL RECEIPT SHALL BE VALID FOR FIVE (5) YEARS FROM THE DATE OF ATP"

SERVICE REQUEST

CONCESSIONAIRE: _____ S.R. NO. _____
SERVICE ADDRESS: _____

| | | |
|--|-----------------------|---|
| REQUEST RECEIVED BY: _____ DATE: _____ | APPROVED BY: _____ | COMPLETED ACTION REVIEWED BY: _____ |
|--|-----------------------|---|

| | | | |
|--|--|---|--|
| <input type="checkbox"/> DIRTY WATER | <input type="checkbox"/> NO WATER | <input type="checkbox"/> HIGH CONSUMPTION | ACTION TAKEN: _____ _____ By: _____ METER READER/PLUMBER |
| <input type="checkbox"/> TASTE /ODOR | <input type="checkbox"/> HIGH PRESSURE | | |
| <input type="checkbox"/> LOW PRESSURE | <input type="checkbox"/> METER LEAK | <input type="checkbox"/> REREAD | |
| OTHERS (Specify) _____ _____ _____ | | | |

TO CONCESSIONAIRE: Did action taken satisfy your request?

☐ YES ☐ NO

SIGNATURE

FORM BC - 14



Republic of the Philippines
DEL GALLEGO WATER DISTRICT
Del Gallego, Camarines Sur

MAINTENANCE ORDER

NAME: _____ **DATE:** _____
SERVICE ADDRESS: _____ **METER NO.** _____
ACCOUNT NO.: _____ **M.O. NO.** _____

☐ READ ☐ TURN OFF ☐ REPAIR BOX **PREPARED BY:** _____
☐ STUCK ☐ METER LEAK ☐ LEAK CHECK _____
☐ TURN ON ☐ TEST ☐ OTHERS **APPROVED BY:** _____

☐ REMOVE

| METER NO. | SIZE | KIND/BRAND | READING |
|-----------|------|------------|---------|
| | | | |
| | | | |

REMARKS: _____
☐ SET

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

☐ OTHERS _____

| | | |
|---------------|--|--|
| TEST RESULTS: | <input type="checkbox"/> FIELD <input type="checkbox"/> SHOP | DATE COMPLETED: _____ BY: _____ PLUMBER |
| | TESTED BY: _____ DATE: _____ | |

FORM BC - 13

Republic of the Philippines
DEL GALLEGO WATER DISTRICT
Province of Camarines Sur
Del Gallego, Camarines Sur

**APPLICATION FOR
SENIOR CITIZEN DISCOUNT AVAILMENT**

Name: _____ Date of Birth: _____

Complete Address : _____

Code No.: _____ Acct. No.: _____

Documentary Requirements Submitted:

- ☐ Application Form
- ☐ Picture (2x2)
- ☐ Proof of residence / barangay clearance
- ☐ Valid senior citizen ID (ID No. _____)
- ☐ Other IDs presented
- ☐ Passport ☐ Driver's license
- ☐ GSIS/SSS ☐ Voter's ID

If applying through a representative:

- ☐ Authorization Letter
- ☐ Picture holding the latest newspaper
- ☐ Government issued ID of the representative

CONDITIONS FOR THE AVAILMENT:

1. The senior citizen must be a resident of the household.
2. Consumption should not exceed 30 cubic meters.
3. This is granted by household regardless of the number of senior citizens living therein.
4. Meter registration should be in the name of the senior citizen for a period of one year.

Signature over Printed Name of Applicant

Date

Evaluated By:

Recommended Approval

Date Approved



Republic of the Philippines
DEL GALLEGO WATER DISTRICT
Brgy. Comadogcadog, Del Gallego,
Camarines Sur, 4411

DATE: _____

TO: _____

SUBJECT: **SERVICE CONNECTION CLASSIFICATION/RECLASSIFICATION PROGRAM**

Sir/Madam:

In pursuance to Board of Directors (BOD) Resolution No. 13 s. 2006 of the Del Gallego Water District, we are pleased to inform that your service connection classified/reclassified from _____ to _____ **effective** _____ **consumption** _____ **billing**.

Please find the attached water rate schedule for your reference and guidance.

For further clarification regarding this matter, please visit us our office anytime during office hours, Monday to Friday from 8:00 AM to 5:00 PM.


Truly yours,

EVELYN B. GARCIA, DMD.
General Manager D



DGWD Customer Feedback Form

DGWD CUSTOMER

 *How is our service?*

I
Please check appropriate box

Service

| Yes | No | |
|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Well-organized / orderly procedures |
| <input type="checkbox"/> | <input type="checkbox"/> | Less Process / Bureaucratic |
| <input type="checkbox"/> | <input type="checkbox"/> | Fast Service |
| <input type="checkbox"/> | <input type="checkbox"/> | Customer-friendly service |

Personnel

| Yes | No | |
|--------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Explains procedures/ instruction well |
| <input type="checkbox"/> | <input type="checkbox"/> | Responds / acts fast |
| <input type="checkbox"/> | <input type="checkbox"/> | Friendly, accommodating smiling |
| <input type="checkbox"/> | <input type="checkbox"/> | Courteous / respectful |
| <input type="checkbox"/> | <input type="checkbox"/> | Tidy, neat well-groomed |
| <input type="checkbox"/> | <input type="checkbox"/> | Wearing proper uniform |
| <input type="checkbox"/> | <input type="checkbox"/> | Wearing ID card |

Name of commendable / erring employee _____

Position _____ Department Assigned _____

If not wearing ID card, please indicate distinctive body marks/characteristics.

OVER ALL IMPRESSION OF OUR SERVICE

☐ Satisfied ☐ Dissatisfied

Date of visit / transaction _____

CUSTOMER'S DETAILS (optional)

Name: _____ Age _____ ☐ M ☐ F

Contact no. _____ Email Add. _____

Address: _____

FEEDBACK FORM



Republic of the Philippines
DEL GALLEGO WATER DISTRICT
Comadogcadog, Del Gallego, Camarines Sur
Tel. No. (042) 304-8543
Email Address: dgwd_576@yahoo.com.ph

FEEDBACK FORM (PANANAW O PUNA)

Please let us know how we served you.
Ipaalam po ninyo sa amin kung paano naming kayo napaglingkuran.

You may use this form for compliments, complaints or suggestions.
Maaari po ninyong gamitin ito sa papuri, reklamo o mungkahi.

Simply check the corresponding box.
Mangyaring lagyan po lamang ng tsek ang kahong naayon.

☐

Compliment
Papuri

☐

Complaint
Reklamo

☐

Suggestion
Mungkahi

Person(s)/Unit/Office concerned or involved:
(Mga) tao/pangkat/tanggapan na may kinalaman sa papuri, reklamo o mungkahi.:

Facts or details surrounding the incident:
Kaganapan o detalyeng bumabalot sa pangyayari:

(Please use additional sheet/s if necessary.)
(Mangyaring gumamit ng karagdagang papel kung kinakailangan.)

Recommendation(s)/Suggestion(s)/Desired Action from our office.
Rekomendasyong/Mungkahi/Nais ng aksiyon sa aming tanggapan.

(Please use additional sheet/s if necessary.)
(Mangyaring gumamit ng karagdagang papel kung kinakailangan.)

| | |
|---------------------|---|
| Name: Pangalan | Office/Agency: Tanggapan/Ahensya |
| Address Tirahan | E-mail Address (if any): Contact Number(s) (if any): Telepono |
| Signature: Lagda | Date: Petsa |