

**DEPARTMENT OF WATER SUPPLY
County of Maui**

RESERVATION OF AVAILABLE SERVICE CAPACITY

APPLICANT: _____

CAPACITY: _____
(Number and size of meters)

SUBDIVISION/PROJECT NAME: _____

SD NO.: _____ TMK: _____ BPA NO.: _____ LOT NO. _____

LOCATION: _____

FEE AMOUNT: _____

The Applicant hereby requests a reservation of service capacity at the stated location. The Applicant is not able to accept water service at this time.

The Applicant understands and agrees that the reservation will expire two years from the Date of Reservation, unless the Board reviews and grants a request for a six-month extension. The Applicant agrees to submit a letter to the Board by registered mail requesting any time extension and showing good cause for the time extension 45 days before the date of expiration of the initial two-year term. The Board may grant two six-month extensions for good cause.

If, after the expiration of the reservation, including any extension, the Applicant is unable to accept water service, the fee paid shall be forfeited by the Applicant and retained by the Board, and shall not constitute a credit toward any future water system development fee.

The Applicant understands and agrees that acceptance of water service will mean that;

1. All water related improvements are completed, inspected and accepted.
2. All improvement warranties, easement documents and other required documents are submitted and approved.
3. As-Built drawings are submitted to the department.

The Applicant understands and agrees that this agreement does not in any way imply that no offsite water system improvement will be required.

ACKNOWLEDGMENT:

The foregoing is understood and agreed to by the Applicant.

Applicant's Signature: _____

Applicant's name (print): _____

Date: _____

CONTACT PERSON INFORMATION

Name: _____ Zoning/Use: _____
Address: _____ Acreage of Parcel: _____
Phone number: _____

APPROVED:

Date of Reservation: _____

Expiration Date of Reservation: _____

Signature: _____

Director, DEPARTMENT OF WATER SUPPLY

Date: _____

First 6-Month Extension:

APPROVED:

Expiration Date of Reservation: _____

Signature: _____

Director, DEPARTMENT OF WATER SUPPLY

Date: _____

Second 6-Month Extension:

APPROVED:

Expiration Date of Reservation: _____

Signature: _____

Director, DEPARTMENT OF WATER SUPPLY

Date: _____

Return this form to:

Maui Department of Water Supply, Engineering Division
P. O. Box 1109
Wailuku, HI 96793-6109

Please call DWS Engineering at (808) 270-7835 if you have any questions.