SafiSan Plot Registration Form (CP1)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PLOT REGISTRATION SHEET ID:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **1.** | | **Information on the applicant** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.1 Date: | | | Day: |  | | | Month: | | | |  | | Year: | | |  | | | | 1.2 WSP office: | | | |  | | | | | | |
| 1.3 Family name: | | |  | | | | | | | | | | | | | | | | | 1.4 First name: | | | |  | | | | | | |
| 1.5 ID no.: | | |  | | | | | | | | | | | | | | | | | 1.6 Tel. no.: | | | |  | | | | | | |
| 1.7 Status: | | | Landlord: | |  | | | House owner: | | | | |  | Tenant: | | | | |  | Other: | |  | | *Explain>>* | | | |  | | |
| 1.8 County: | | |  | | | | | | | | | | | | | | | | | 1.9 Sub County: | | | |  | | | | | | |
| 1.10 Sub-location: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.11 Town: | | |  | | | | | | | | | | | | | | | | | 1.12 Area: | | | |  | | | | | | |
| 1.13 Plot number: | | |  | | | | | | | | | 1.14 Address: | | | | |  | | | | | | | | | | | | | |
| 1.15 Water connection number: | | | | | |  | | | | | | | | | | | | 1.16 Is it connected? | | | | | | | |  | | | | |
| 1.17 Remarks: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.17 Signature of applicant:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.** | **Information on the plot and toilet site** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.1 No. of housing units: | | | | | | | | | |  | | | | | 2.2 No. of people living on the plot: | | | | | | | | | | | | | |  | |
| 2.3 No. of households living on the plot: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 2.4 Existing toilet type: | | | | | | | | | |  | | | | | | | | | | 2.5 No. of functioning toilets: | | | | | | | | |  | |
| 2.6 Is the area connected to a sewer? | | | | | | | | | |  | | | | | 2.7 Recommended no. of new SafiSan toilets: | | | | | | | | | | | | | |  | |
| 2.8 Is there space to construct new toilets? | | | | | | | | | |  | | | | | 2.9 Can the toilets be rehabilitated? | | | | | | | | | | | | | |  | |
| 2.10 Eligible Toilet Technologies: | | | | | | | | | | Dry Toilet | | | | |  | | | | | | Water-based Toilet | | | | | | | |  | |
| 2.11 Site Sketch / Observations | | | | | | | | | | | | | | | | | | | | | | | 2.12 Copies attached? | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | National ID | | | | | | |  |
| Title Deed | | | | | | |  |
| Allotment Letter | | | | | | |  |
| Other: | | | | | | |  |
| 2.13 Social Animator (if applicable): | | | | | | | | |  | | | | | | | | | | | | | |  | | | |  | | | |

X

PROJECT SUPERVISOR

|  |  |
| --- | --- |
| Name: |  |

X

PROJECT INSPECTOR

|  |  |
| --- | --- |
| Name: |  |

X

PUBLIC HEALTH OFFICER

|  |  |
| --- | --- |
| Name: |  |

X

WSP REPRESENTATIVE

|  |  |
| --- | --- |
| Name: |  |

X

PROJECT SUPERVISOR

|  |  |
| --- | --- |
| Name: |  |

X

PROJECT SUPERVISOR

|  |  |
| --- | --- |
| Name: |  |

X

PROJECT SUPERVISOR

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| Name: |  |