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

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