

North Harrison WSC Service Application

Date: _____

First Name: _____ Last Name: _____

Service Address: _____

Mailing Address: _____

Phone #: _____

Email Address: _____

Type of Service: RESIDENTIAL COMMERCIAL

Had service with NHWSC before? Yes No

If so, what address: _____

Are you renting? Yes No

Landlord Name: _____ Phone#: _____

Landlord Address: _____

Persons living in the residence: _____

REFERENCES:

Nearest Relative Name: _____

Address: _____

Phone: _____

Friend's Name: _____

Address: _____

Phone: _____

I understand that I may be responsible for additional collection/attorney costs should I not pay my bill, and my account is forwarded to a collection agency/attorney. I do hereby certify that the above is true and correct. By signing this application, I acknowledge that I have been given the opportunity to receive a signed copy of the service agreement.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Deposit Amount: \$ _____ Receipt #: _____

Account #: _____

Location #: _____

Account Transferred From: _____

Account #: _____

Location #: _____