



Business Application for Water Service

Closing Date or Date of Occupancy: _____

Legal Name of Business: (1) _____

Owner/Guarantor: (1) _____ (2) _____

Service Address: _____

Mailing Address: _____
(If different than Service Address)

Contact Phone #: _____ (alt.) _____
(For Emergency Purposes)

Fed Tax ID #: _____

Email Address: _____
(Optional-to receive company updates/information/emergency notifications/paperless billing)

Billing Preference: _____ Paperless (Please provide your email address above)
_____ USPS Mail

Signature(s) of Applicant(s): (1) _____
(2) _____

Personal Guarantee

In consideration of the foregoing, the undersigned agrees to be the **Guarantor** on the terms and conditions set forth below. **I/We** guarantee(s) to HAWC all payments, charges, costs incurred and any other amounts due from **Company** to HAWC. This liability as **Guarantor** is an independent promise and shall not be affected by any lack of validity or enforceability of any agreements between **Company** and HAWC, nor the bankruptcy, winding-up, liquidation, dissolution or insolvency of **Company**. HAWC shall not be obligated to exhaust its recourse against **Company** or other persons or any securities or collateral it may hold, or take any other actions before being entitled to demand payment from **the Guarantor**.

This **Guaranty** shall be binding as a continuing obligation. **I/We** shall make payment to or performance in favor of HAWC of the obligations of **Company** forthwith after written demand is made to the **Guarantor**. HAWC shall be entitled to the total amount guaranteed hereunder and any attorney fees and costs incurred by HAWC arising from the enforcement of this **Guaranty Agreement**. **I/We** irrevocably consent(s) to personal jurisdiction over it in the Rockingham County Superior Court for any and all legal or equitable actions or lawsuits brought or filed hereunder

Date: _____ Date: _____

Personal Guarantor (1): _____ Witness: _____

Print Name: _____ Printed Name: _____

Date: _____ Date: _____

Personal Guarantor (2): _____ Witness: _____

Print Name: _____ Printed Name: _____



BACKFLOW PREVENTION APPLICATION
CROSS CONNECTION CONTROL PROGRAM

(There is no fee for this application)

Legal Name of Business: (1) _____

Owner/Guarantor: (1) _____ (2) _____

Service Address: _____

Please provide a brief description of the type of business at the above service location: _____

Contractor Installing Device: _____

Contractor License Type:

- Plumbing Fire Sprinkler Utility

Type of Project:

- New Construction Addition/Re-Model Backflow Replacement

Type of Occupancy:

- Commercial Residential Industrial

In-line testable backflow preventer(s) will be installed for (Check all that apply):

- Boiler Chiller Fire Protection
 Car Wash Domestic Water Lawn Irrigation (Separate meter required)

Other _____

Type of Device:

- RPZ Testable Dual Check Press. Vacuum Breaker

Other _____

Manufacturer: _____ Size: _____

Model No.: _____ Serial No: _____

Requested By (Print Name): _____

Signature: _____ Date: _____

NOTE: YOU ARE REQUIRED TO REPORT THIS WORK WHEN READY FOR INSPECTIONS.
ALL WORK MUST BE COMPLETED IN ACCORDANCE WITH HAMPSTEAD AREA WATER COMPANY, INC SPECIFICATIONS.

For Office Use Only
Received:
Approved By:
Approval Date: