



Residential Application for Water Service

Closing Date or Date of Occupancy: _____
(Please circle one)

Name of Customer(s): (1) _____

(2) _____

Service Address: _____

Mailing Address: _____
(If different than Service Address)

Phone Numbers:

Home: _____ Work: _____

Cell: _____ Alt: _____

Email Address: _____

Add'l Email: _____

Billing Preference: ☐ Paperless ☐ US Mail
(Please provide email address above)

Please provide either the SSN or Driver's License

Social Security #: (1) _____

(2) _____

Driver's License Info : (1) State: _____ Lic #: _____

(2) State: _____ Lic #: _____

By signing this application I/we agree to pay for water services provided at the above referenced water service address. Should I/we fail to pay for water services, I/we will be required to pay for all costs and expenses including all disconnection, reconnection charges, collection charges and attorney fees HAWC incur to enforce the collection of any amounts due and owing by me/us. An

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

(2) _____

An account establishment fee of \$20.00 will be added to your first bill.

*****The above information is solely for Hampstead Area Water Company's use and will not be provided to any other parties.*****

This request is in accordance with NH PUC Administrative Code 1203.01(a)