



HELPING OUR NEEDY ONES RESPECTFULLY, INC.
3032 Westmoreland Dr. Lakeland, Fl. 33810 / Phone-(863)-816-2779

Name: _____ JOB # _____

Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Alt Contact Name: _____ Phone: _____ - _____ - _____

Requested Work: _____ **Referred By:** _____

Homeowner Liability Waiver and Work To Be Performed Agreement

I acknowledge that I am the homeowner of the above address and agree to the work described above. I further agree to hold harmless and discharge **Helping Our Needy Ones Respectfully, Inc (H.O.N.O.R.)**, its volunteers, and any participating organization or company for any damage or injury that may occur during or after service is performed.

Homeowner (print) _____ H.O.N.O.R. rep signature _____ / /
Date

Homeowner (signature) _____ Date _____ job_wo_sheet2x_112410

Fold / Cut



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