HARNETT REGIONAL WATER Equal Opportunity Provider and Employer

Water User's Agreement

Form Must be Completed in Full Before Service is Made Available. I.D. is Required. ***DEPOSITS BELOW APPLY TO APPROVED CREDIT ONLY***

| Today's Date 05/29/2019 Contr | act Date05/29/2019 | Fees Due: | Deposit, Owner, Water Deposit, Owner, Sewer | \$25 Set Up Fee, \$25 all accounts: \$15 | |
|--|--|--|---|--|--|
| 06/07/2019 Date Service Requested | | | Deposit, Rental, Water Deposit, Rental, Sewer | \$50 \$50 Meter Fee: \$70 | |
| This agreement is to request the Harnett Regional Water through norm | | | dures and in accordance w | | |
| Regulations, to provide water and /or se | | | g location: | | |
| Service Address: 386 Wynnridge Drive, Angier NC 27501 | | | | | |
| Owner Renter (PROPER | TY OWNER & PHONE NO.) | n Top Bu | ilding Company LLC | | |
| Applicant Email Address_ontopbuild | ing company@gmail.d | om | | | |
| APPLICANT | | CO-APPLICANT | | | |
| NAME (FIRST, LAST) | | | | | |
| On Top Building Company LLC | | NAME (FIRST, LAST) | | | |
| MAILING ADDRESS: | | | | | |
| 2393 Twin Acres Road, Clayton | NC 27520 | | | | |
| SOCIAL SECURITY # OR TIN | CONTACT PHONE # | SOCIAL SE | ECURITY # OR TIN | CONTACT PHONE # | |
| 45-3648335 | 919-201-1133 | | | | |
| DRIVER'S LICENSE # AND STATE | DATE OF BIRTH | DRIVER'S | LICENSE # AND STATE | DATE OF BIRTH | |
| 8239362 NC | 09/03/1973 | | | | |
| EMPLOYER NAME | | EMPLOYE | R NAME | | |
| On Top Building Company LLC | | | | | |
| EMPLOYER ADDRESS | PHONE # | EMPLOYE | R ADDRESS | PHONE # | |
| 2393 Twin Acres Rd, Clayton NC | 919-201-1133 | | | | |
| PREVIOUS ADDRESS 101 Ferndale Ct, Clayton NC 27520 | | PREVIOUS ADDRESS | | | |
| NAME OF NEAREST RELATIVE AND PHONE # | | | NAME OF NEAREST RELATIVE AND PHONE # | | |
| Melissa Harmon 919-616-6708 | | | | | |
| I, the undersigned, do agree to abide by when due as stated on the WATER/SEV for service to be restored, I will be requi collect on an account will be the resporefunded. Property owners will be resporefunded. By sold or rented. HARNET Please ensure residence or facility is | VER bill, the department he red to pay ALL DUE amounts in the customer. ponsible for a monthly bile of REGIONAL WATER. | as the right unts plus a \$ FINAL BII Il regardless R IS NOT I | to disconnect my service 540 reconnect fee. Any fee LLS with a credit balance s of whether water and/or RESPONSIBLE FOR W | without further notice. In order es resulting from court action to e of less than \$1.00 will not be r sewer is being used, until the ATER DAMAGE OR LOSS. | |
| requesting water service. | | | Afternation Security Pro- | aucers are turned on before | |
| By signing this application, you are agreeing that you are at least 18 years of age. **Customer Signature** **O5/29/2019** **O5/29/2019** | | | | | |
| FOR OFFICE USE ONLY | | | | | |
| FEES: Set-Up Fee \$15Deposit \$Same Day \$50Meter Fee \$70Damage \$Other \$ | | | | | |
| Account # Transferred From:Date To Turn Off | | | | | |
| ACCOUNT #: CID:LID: WATERSEWERCREDIT: APPROVED / DENIED | | | | | |
| Turn On:Unlock Only:Read Only:Install: Customer Serv Rep: | | | | | |