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 <u>2/9/21</u> Cont		Fees Due: Deposit, Owner, Water Deposit, Owner, Sewer	\$25 Set Up Fee, \$25 all accounts: \$15
Date Service Requested WILLCAL	1	Deposit, Rental, Water Deposit, Rental, Sewer	\$50 \$50 Meter Fee: \$70
This agreement is to request the Harnett	Regional Water through r	normal procedures and in accordance v	
Regulations, to provide water and /or se	wer service connections at	t the following location:	
Service Address: 43 POWDER C	OURT		
Owner X Renter (PROPE	RTY OWNER & PHONE NO.)	NVR INC DBA RYAN HOME	S 919-987-1970
Applicant Email Address msweitze	nvrinc.com		
APPLICANT		CO-APPLICANT	
NAME (FIRST, LAST)		NAME (FIRST, LAST)	
MEREDITH SWEITZER			
MAILING ADDRESS: 5734 Trinity Road, Suite 200, F	RALEIGH NC 27607		
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECURITY # OR TIN	CONTACT PHONE #
	919-987-1970		
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE	DATE OF BIRTH
EMPLOYER NAME		EMPLOYER NAME	
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRESS	PHONE #
PREVIOUS ADDRESS		PREVIOUS ADDRESS	
NAME OF NEAREST RELATIVE AND PHONE #		NAME OF NEAREST RELATIVE AND PHONE #	
I, the undersigned, do agree to abide by when due as stated on the WATER/SE for service to be restored, I will be required collect on an account will be the responsive to the	WER bill, the department is ired to pay ALL DUE and consibility of the customer. Sponsible for a monthly be TT REGIONAL WATE as prepared for water consecing that you are at least 1	has the right to disconnect my service ounts plus a \$40 reconnect fee. Any for FINAL BILLS with a credit balance ill regardless of whether water and/or IS NOT RESPONSIBLE FOR Value of the control of th	e without further notice. In order ees resulting from court action to be of less than \$1.00 will not be for sewer is being used, until the WATER DAMAGE OR LOSS
Customer Signature_W_	raweitzer		
FEES: Set-Up Fee \$15Deposit \$_	Same Day	\$50Meter Fee \$70Damage \$	SOther \$
Account # Transferred From:		Date To Turn Off	
ACCOUNT #: CID:	LID:	_ WATERSEWERCREI	DIT: APPROVED / DENIED

Turn On: _____Unlock Only: _____Read Only: _____Install: _____ Customer Serv Rep: ____