## **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>4/15/21</u> Contr   | ract Date   |  | Deposit, Owner, Water<br>Deposit, Owner, Sewer<br>Deposit, Rental, Water   | \$25 Set Up Fee,<br>\$25 all accounts: \$15<br>\$50  |
|---|---|--|--|--|
| Date Service Requested WILL CALL  |   |  | Deposit, Rental, Sewer   | \$50 Meter Fee: \$70   |
| This agreement is to request the Harnett Regulations, to provide water and /or se   |   |  |  | ith the District's Rules and   |
| Service Address: 153 BIRD DOG   | DRIVE   |  |  |  |
| Owner X Renter (PROPER  | TY 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, R  | ALEIGH NC 27607   |  |  |  |
| SOCIAL SECURITY # OR TIN  | CONTACT PHONE #   | SOCIAL SE  | CURITY # 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 #   | EMPLOYE  | R 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/SEV for service to be restored, I will be requicollect on an account will be the resporefunded. Property owners will be responded. Property owners will be responded. Please ensure residence or facility is requesting water service. By signing this application, you are agree Customer Signature Customer Signature FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit \$Account # Transferred From: | VER bill, the department hered to pay ALL DUE amonsibility of the customer.  ponsible for a monthly bill TREGIONAL WATER  prepared for water containing that you are at least 1 | nas the right ounts plus a \$ FINAL BII Il regardless R IS NOT I unection. M 8 years of ag | to disconnect my service 40 reconnect fee. Any fe LLS with a credit balance of whether water and/o RESPONSIBLE FOR W Take sure all valves & f e.  er Fee \$70Damage \$ | without further notice. In order tes resulting from court action to te of less than \$1.00 will not be to r sewer is being used, until the VATER DAMAGE OR LOSS. faucets are turned off before |
|   |   |  |  |  |
| ACCOUNT #: CID:   | LID:  | _ WATER _  | SEWERCRED  | TT: APPROVED / DENIED  |

Turn On: \_\_\_\_\_Unlock Only: \_\_\_\_\_Read Only: \_\_\_\_\_Install: \_\_\_\_\_ Customer Serv Rep: \_\_\_\_