## **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\*\*\*

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Today's Date 2/4/22 Co.	ntract Date	Fees Due: Deposit, Owner, Water Deposit, Owner, Sewer	
Date Service Requested WILL CALL		Deposit, Rental, Water Deposit, Rental, Sewer	\$50
		normal procedures and in accordance v	
Regulations, to provide water and /or			with the District's Rules and
Service Address: 248 HUNTING	WOOD DRIVE		
Owner X Renter (PROP	PERTY OWNER & PHONE NO.)	NVR INC DBA RYAN HOME	ES 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,	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 #	
when due as stated on the WATER/SI for service to be restored, I will be recollect on an account will be the respective of the property owners will be reproperty is sold or rented. HARN Please ensure residence or facility requesting water service. By signing this application, you are as Customer Signature FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit States.	EWER bill, the department quired to pay ALL DUE are ponsibility of the customer esponsible for a monthly lett REGIONAL WATI is prepared for water congreeing that you are at least of the property of the prop	y \$50Meter Fee \$70Damage	e without further notice. In order fees resulting from court action to the of less than \$1.00 will not be for sewer is being used, until the WATER DAMAGE OR LOSS. faucets are turned off before  \$Other \$
Account # Transferred From:		Date To Turn Off	
ACCOUNT #: CID:	LID:	WATERSEWERCRE	DIT: APPROVED / DENIED

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