## **HARNETT REGIONAL WATER**

## **Equal Opportunity Provider and Employer**

Water User's Agreement

## Form Must be Completed in Full Before Service is Made Available VALID PHOTO I.D. is Required

| APPLICANT  NAME (FIRST, LAST)  Date Service Requested 6/127/22  Sever Ordinance and all relevant departmental policies, to provide water and /or sewer service connections at the following location Service Address:  15 Blue Monarch Lane, Fuquay- Varina, NC 27523  Owner X Renter (PROPERTY OWNER & PHONE NO.)  Applicant Email Address   Jaura@tipleahomes.org    APPLICANT (CO-APPLICANT)  NAME (FIRST, LAST)  Triple A Homes   Address   Social Security # OR TIN    A74086555   948-812-9991   Social Security # OR TIN    A74086555   948-812-9991   DATE OF BIRTH   DRIVER'S LICENSE # AND STATE   DATE OF BIRTH    EMPLOYER NAME    EMPLOYER ADDRESS   PHONE #    FREVIOUS ADDRESS   PHONE #    FREVIOUS ADDRESS   PHONE #    FREVIOUS ADDRESS   PHONE #    It to undersigned, do agree to abide by all rules, regulations and policies of Harnett Regional Water as outlined in the HRW Water sewer Ordinance. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the department has right to disconnect my service without further notice. In order for service to be required to pay LDUE amounts pay 40 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. All in and final bills are prorated based on the number of days in the service proid. FINAL BILLS with a credit balance is refunded in the applicant's name only. Property owners will be responsibility of the customer. All in monthly bill gradless of whether water and for severice proid. FINAL BILLS with a credit balance is the story of days in the service proid. FINAL BILLS with a credit balance is the subjection of days in the service proid. FINAL BILLS with a credit balance is the subjection of the property is add or rented. Hanke ETT REGION WATER DAMAGE OR LOSS. Please ensure residence or facility is prepared for water connection. Make sure all valves & faucets are turned off be  | 6/13/22  |   | DEPOSITS (refunded to applicant only)  |  |  |
|---|--|---|--|--|--|
| Date Service Requested _68/27/22   OWNER SEWER  | Today's Date 6/13/22 Set Up Fee All Accounts \$15  |   |  |  |  |
| Date Service Requested 6//27/22   OWNER SEWER \$0 \$50 \$100   RENTER WATER \$50 \$100   RENTER SEWER \$50 \$ |  | Same Day Service: \$50  | OWNER WATER  | \$0  | \$50   |
| This agreement is a formal request for Harnett Regional Water (HRW), through normal procedures and in accordance with the HRW & Sewer Ordinance and all relevant departmental policies, to provide water and /or sewer service connections at the following location of the following   | Same Day Service. \$30   |   | OWNER SEWER  | \$0  | \$50   |
| This agreement is a formal request for Harnett Regional Water (HRW), through normal procedures and in accordance with the HRW & Sewer Ordinance and all relevant departmental policies, to provide water and /or sewer service connections at the following location of the following location in the following location in the following location in the following   |  |   | RENTER WATER   | \$50   | \$100  |
| ## Sewer Ordinance and all relevant departmental policies, to provide water and /or sewer service connections at the following location   |  |   |  |  | •  |
| Applicant Email Address   laura@tipleahomes.org    APPLICANT  | & Sewer Ordinance and all relevant dep   | artmental policies, to provid   | de water and /or sew   |  |  |
| APPLICANT  APPLICANT  APPLICANT  APPLICANT  CO-APPLICANT  NAME (FIRST, LAST)  Triple A Homes  MAILING ADDRESS:  PO Box 1117, Holly Springs, NC 27540  SOCIAL SECURITY # OR TIN 47-4086555  949-812-0991  DRIVER'S LICENSE # AND STATE  DATE OF BIRTH  EMPLOYER NAME  EMPLOYER NAME  EMPLOYER NAME  EMPLOYER ADDRESS  PREVIOUS   | Service Address: 15 Blue Monarch Lar   | e, Fuquay- Varina, NC 2752  | 23   |  |  |
| APPLICANT  CO-APPLICANT  NAME (FIRST, LAST)  Triple A Homes  MAILING ADDRESS:  PO Box 1117, Holly Springs, NC 27540  SOCIAL SECURITY # OR TIN 47-4086555  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  PREVIOUS ADDRESS   |  |   |  |  |  |
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Turn On:\_\_\_\_\_Unlock Only:\_\_\_\_\_Read Only:\_\_\_\_Install:\_\_\_\_\_ Customer Serv Rep: \_\_\_\_\_