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 LD, is Required

		VALID PHOTO) I.D. is Required		
7/45/00		DEPOSITS (refunded to applicar		t only)	
Today's Date 7/15/22	Set Up Fee All Accounts \$15			APPROVED CR	EDIT DENIED CREDIT
	Sam	e Day Service: \$50	OWNER WATER	\$0	\$50
Will Coll		,	OWNER SEWER	\$0	\$50
Date Service Requested Will Call			RENTER WATER	\$50	\$100
This agreement is a formal request for	r Harne	ett Regional Water (HR	RENTER SEWER W) through normal	procedures and in	\$100 accordance with the HRW V
& Sewer Ordinance and all relevant d					
Service Address: 156 Winding (Creek	Drive Lot 125			
OwnerX Renter(PROF			RB Homes - NC	LLC/919.279.2	339
Applicant Email Address amoss@	drbgr	oup.com			
APPLICANT			CO-APPLICANT		
NAME (FIRST, LAST)			NAME (FIRST, LAST)		
Dan			Dan Ryan Builders - NC LLC		
MAILING ADDRESS:					
3000 RDU Center Drive Sto	e. 202	2 Morrisville, NC	27560		
		ONTACT PHONE #	SOCIAL SECURITY # OR TIN CONTACT PHONE #		
DRIVER'S LICENSE # AND STATE	IVER'S LICENSE # AND STATE DA		DRIVER'S LICENSE	# AND STATE	DATE OF BIRTH
EMPLOYER NAME			EMPLOYER NAME		
EMPLOYER ADDRESS	MPLOYER ADDRESS		EMPLOYER ADDRE	SS	PHONE #
PREVIOUS ADDRESS			PREVIOUS ADDRESS		
I, the undersigned, do agree to abide Sewer Ordinance. Should I fail to me right to disconnect my service without a \$40 reconnect fee. Any fees resulting and final bills are prorated based on the not be refunded. Deposits and/or creamonthly bill regardless of whether water IS NOT RESPONSIBLE Connection. Make sure all valves agreeing that you are at least 18 years Customer SignatureFOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit	t further ing from the number of the number of the	payments on time where notice. In order for seen court action to collect ber of days in the service nees are refunded in the and/or sewer is being used water DAMAGE Of ets are turned off before.	n due as stated on the rivice to be restored, toon an account will be period. FINAL Be applicant's name of sed, until the proper R LOSS. Please ensore requesting wat	ne WATER/SEWE I will be required to be the responsibilith. ILLS with a credite only. Property ownerty is sold or rente sure residence or a er service. By sign	ER bill, the department has the pay ALL DUE amounts plity of the customer. All initional balance of less than \$3.00 with the mere will be responsible for ed. HARNETT REGIONA facility is prepared for wat going this application, you a
Account # Transferred From:					
ACCOUNT #+ CID+					

Turn On: ____Unlock Only: ____Read Only: ____Install: ____ Customer Serv Rep: ____