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

| | | DEPOSITS (refunded to applicant only) | | |
|---|---|---|---|---|
| Today's Date Ser Ser | t Up Fee All Accounts \$15 | | APPROVED CRE | DIT DENIED CREDIT |
| | Same Day Service: \$50 | OWNER WATER | \$0 | \$50 |
| • | | OWNER SEWER | \$0 | \$50 |
| Date Service Requested 12/12/22 This agreement is a formal request for Harnett Regional Water (HR | | RENTER WATER | \$50 | \$100 |
| | | RENTER SEWER | \$50 | \$100 |
| & Sewer Ordinance and all relevant dep | artmental policies, to provid | | | |
| Service Address: 78 Retreat Drive, Fuc | uay Varina, NC 27526 | | | |
| Owner X Renter (PROPER | | | | |
| appream Brian Actives | eahomes.org | | 40 100 541 | |
| APPLICANT | | CO-APPLICANT | | |
| NAME (FIRST, LAST) Triple A Homes | | NAME (FIRST, LAST) | | |
| MAILING ADDRESS: PO Box 1117, Holly Sp | orings, NC 27540 | | | |
| SOCIAL SECURITY # OR TIN 47-4086555 | CONTACT PHONE # 949-812-0991 | SOCIAL SECURITY # OR TIN | | CONTACT PHONE # |
| DRIVER'S LICENSE # AND STATE | DATE OF BIRTH | DRIVER'S LICENSE # AND STATE | | DATE OF BIRTH |
| EMPLOYER NAME | | EMPLOYER NAME | | |
| EMPLOYER ADDRESS | PHONE # | EMPLOYER ADDRE | SS | PHONE # |
| PREVIOUS ADDRESS | | PREVIOUS ADDRESS | | |
| I, the undersigned, do agree to abide by Sewer Ordinance. Should I fail to make right to disconnect my service without for a \$40 reconnect fee. Any fees resulting and final bills are prorated based on the most be refunded. Deposits and/or credit monthly bill regardless of whether was WATER IS NOT RESPONSIBLE FOR connection. Make sure all valves & fagreeing that you are at least 18 years of Customer Signature FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit \$ | e all payments on time when the restriction of the service of the | en due as stated on the ervice to be restored, et on an account will be period. FINAL B e applicant's name of ised, until the proper R LOSS. Please engine requesting wat a solution. Meter Fee \$ | he WATER/SEWER I will be required to be the responsibility ILLS with a credit b only. Property own erty is sold or renter sure residence or fa ter service. By sign | R bill, the department has the pay ALL DUE amounts play of the customer. All initional part of less than \$3.00 wers will be responsible for d. HARNETT REGIONAl acility is prepared for wathing this application, you amount of the part o |
| | | Date To Turn Off: | | |
| ACCOUNT #: CID: | LID: | WATERSE | WERCREDI | Γ: APPROVED / DENIE |
| | | | | |

Turn On:_____Unlock Only:_____Read Only:____Install:_____ Customer Serv Rep: _____