## 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

1/00/00		DEPOSITS (refunded to applicant only)		
Today's Date 1/23/23 Set Up Fee Al	Il Accounts \$15	APPROVED CREDIT DENIED CREDIT		
Same Day !	Service: \$50	OWNER WATER	\$0	\$50
Suite Day Service. 930		OWNER SEWER	\$0	\$50
Date Service Requested ASAP  This agreement is a formal request for Harnett Regional Water (HR)		RENTER WATER	\$50	\$100
		RENTER SEWER	\$50	\$100
& Sewer Ordinance and all relevant departmental postervice Address: 46 SUGARBERRY PL SPRIN	olicies, to provid	de water and /or sewe		
Owner X Renter (PROPERTY OWNER  Applicant Email Address WELLCO@WSWELLC		-	ACTORS INC. 9	10-436-3131
APPLICANT		CO-APPLICANT		
NAME (FIRST, LAST)		NAME (FIRST, LAST)		
WELLCO CONTRACTORS INC				
MAILING ADDRESS:				
PO BOX 766, SPRING LAKE, NC 283	390		n n	192
SOCIAL SECURITY # OR TIN CONTACT	OCIAL SECURITY # OR TIN CONTACT PHONE #		ORTIN	CONTACT PHONE #
56-0987619 910-436	910-436-3131			
DRIVER'S LICENSE # AND STATE DATE OF	IVER'S LICENSE # AND STATE DATE OF BIRTH		# AND STATE	DATE OF BIRTH
EMPLOYER NAME		EMPLOYER NAME		
EMPLOYER ADDRESS PHO	NE #	EMPLOYER ADDRES	SS	PHONE #
PREVIOUS ADDRESS		PREVIOUS ADDRESS		
I, the undersigned, do agree to abide by all rules, resewer Ordinance. Should I fail to make all paymeright to disconnect my service without further notice a \$40 reconnect fee. Any fees resulting from court and final bills are prorated based on the number of control be refunded. Deposits and/or credit balances are monthly bill regardless of whether water and/or swater IS NOT RESPONSIBLE FOR WATER Connection. Make sure all valves & faucets are agreeing that you are at least 18 years of age.  Customer Signature FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit \$	ents on time wheele. In order for set action to collect days in the service refunded in the sewer is being use R DAMAGE OF turned off before the before th	en due as stated on the ervice to be restored, at on an account will be period. FINAL Blee applicant's name of sed, until the proper R LOSS. Please ensore requesting water for the proper sed.	ne WATER/SEWER I will be required to be the responsibility ILLS with a credit b nly. Property own rty is sold or rente sure residence or fa er service. By sign  325	R bill, the department has to pay ALL DUE amounts play of the customer. All initial palance of less than \$3.00 whers will be responsible for d. HARNETT REGIONA acility is prepared for wathing this application, you amount of the second control
Account # Transferred From:		_ Date To Turn O	off:	
ACCOUNT #: CID:LID:		WATERSE	WERCREDI	T: APPROVED / DENIE
Гurn On:Unlock Only: Read O	nly: Inst	all: Cust	tomer Serv Rep:	