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

| 1/23/23 | TT 75 AM A | DEPOSITS (refunded to applicant only) | | |
|---|--|---|---|---|
| Today's Date Set | Up Fee All Accounts \$15 | | APPROVED CREI | DIT DENIED CREDIT |
| : | Same Day Service: \$50 | OWNER WATER | \$0 | \$50 |
| | - | OWNER SEWER | \$0 | \$50 |
| Date Service Requested ASAP | | RENTER WATER RENTER SEWER | \$50 \$50 | \$100 \$100 |
| is agreement is a formal request for H | arnett Regional Water (HR) | | | |
| Sewer Ordinance and all relevant departice Address: 94 SUGARBERI wner X Renter (PROPER | • | E, NC 28390 | | |
| pplicant Email Address WELLCO@V | VSWELLONSREALTY.C | ОМ | | |
| APPLICANT | | CO-APPLICANT | | |
| NAME (FIRST, LAST) | | NAME (FIRST, LAST) | | |
| WELLCO CONTRACTORS INC | | | | |
| MAILING ADDRESS: | | <u> </u> | | |
| PO BOX 766, SPRING LAKE, | NC 28390 | | | |
| SOCIAL SECURITY # OR TIN | CONTACT PHONE # | SOCIAL SECURITY # OR TIN CONTACT PHONE # | | |
| 66-0987619 | 910-436-3131 | | | |
| DRIVER'S LICENSE # AND STATE | DATE OF BIRTH | DRIVER'S LICENSE # AND STATE | | DATE OF BIRTH |
| EMPLOYER NAME | | EMPLOYER NAME | | |
| EMPLOYER ADDRESS | PHONE# | EMPLOYER ADDRES | SS | PHONE # |
| REVIOUS ADDRESS | | PREVIOUS ADDRESS | | |
| the undersigned, do agree to abide by ewer Ordinance. Should I fail to make ght to disconnect my service without fu \$40 reconnect fee. Any fees resulting a final bills are prorated based on the rot be refunded. Deposits and/or credit toothly bill regardless of whether wat VATER IS NOT RESPONSIBLE FO connection. Make sure all valves & figreeing that you are at least 18 years of the conference of the confer | all payments on time when ther notice. In order for set from court action to collect number of days in the service palances are refunded in the er and/or sewer is being used to the service and the service of the serv | n due as stated on the rvice to be restored, it on an account will be period. FINAL Blee applicant's name or sed, until the proper LOSS. Please ensore requesting water | ne WATER/SEWER I will be required to be the responsibility ILLS with a credit be ally. Property owne rty is sold or rented sure residence or fa er service. By sign | bill, the department has the pay ALL DUE amounts pluy of the customer. All initial alance of less than \$3.00 with the same of less than \$1.00 with the same of less t |
| ccount # Transferred From: | | | | |
| CCOUNT #: CID: | LID: | WATERSE | WERCREDIT | Γ: APPROVED / DENIEI |
| urn On:Unlock Only: | | | | |