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

04/04/2023		DEPOSITS (refunded to applicant only)		
Today's Date <u>04/04/2023</u> Se	et 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		RENTER WATER	\$50	\$100
This agreement is a formal request for H	Jarnett Regional Water (HR	W) through normal	procedures and in ac	sordance with the HPW W
Sewer Ordinance and all relevant dep	partmental policies, to provide	de water and /or sewe		
Service Address: 305 Hazelwood	Rd, Lillington, NC 27	546		
Owner_ V Renter (PROPER	RTY OWNER & PHONE NO.) _	Natermark Home	es, Inc. 919-938-8	052
Applicant Email Address_kristina@	watermarkhomesnc.c	om		
APPLICANT		CO-APPLICANT		
NAME (FIRST, LAST)		NAME (FIRST, LAST	(1)	
Watermark Homes, Inc.				
MAILING ADDRESS:				
196 Annette Drive, Benson, I	NC 27504			
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECURITY # OR TIN CONTACT PHONE #		
56-2232164	919-938-8052			
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE		OATE OF BIRTH
EMPLOYER NAME		EMPLOYER NAME		
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRE	200	PHONE #
EMPLOTER ADDRESS	PHONE #	EMPLOYER ADDRE	33	PHONE #
PREVIOUS ADDRESS		PREVIOUS ADDRESS		
the undersigned, do agree to abide by Sewer Ordinance. Should I fail to make ight to disconnect my service without for \$40 reconnect fee. Any fees resulting and final bills are prorated based on the not be refunded. Deposits and/or credit monthly bill regardless of whether was WATER IS NOT RESPONSIBLE FOR connection. Make sure all valves & agreeing that you are at least 18 years of Customan.	te all payments on time where further notice. In order for see g from court action to collect number of days in the service balances are refunded in the later and/or sewer is being ut DR WATER DAMAGE Of faucets are turned off before fage.	en due as stated on the ervice to be restored, et on an account will be period. FINAL Be applicant's name of used, until the proper R LOSS. Please ensured wat	he WATER/SEWER, I will be required to plus the responsibility of the responsibility of the property ownerty is sold or rented sure residence or factor service. By significant	bill, the department has the pay ALL DUE amounts ploof the customer. All initial ance of less than \$3.00 wers will be responsible for. HARNETT REGIONA cility is prepared for wating this application, you a
Customer Signature				
FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit \$_	Same Day \$	50Meter Fee \$	325Damage \$	Other \$
Account # Transferred From:		Date To Turn Off:		
Account # Transferred From:		_ Date To Turn C	Off:	

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