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

Date Service Requested Same Day Service: \$50 OWNER WATER \$0 \$50 OWNER WATER \$50 \$50 OWNER \$60 \$60 RENTER WATER \$50 \$50 OWNER \$60 \$60 OWNER \$60 \$60 RENTER WATER \$50 \$50 OWNER \$60 \$60 RENTER WATER \$50 \$50 OWNER \$60 \$60 OWNER \$60 \$60	04/04/2022		DEPOSITS (ref	funded to applicant or	nly)
Date Service Requested Commerce Some Date Some Date Some Date Some Date Some Date Service Some Date Some Date Service Some Date	Today's Date <u>04/04/2023</u>	Set Up Fee All Accounts \$15		APPROVED CREI	DIT DENIED CREDIT
Date Service Requested		Same Day Service: \$50	OWNER WATER	\$0	\$50
This agreement is a formal request for Harnett Regional Water (HRW), through normal procedures and in accordance with the HR Sewer Ordinance and all relevant departmental policies, to provide water and /or sewer service connections at the following loct Service Address: 248 Indigo St, Lilllington, NC 27546 Downer Renter (PROPERTY OWNER & PHONE NO.) Watermark Homes, Inc. 919-938-8052 Applicant Email Address Kristina@watermarkhomesnc.com APPLICANT CO-APPLICANT NAME (FIRST, LAST) Watermark Homes, Inc. MAILING ADDRESS: 196 Annette Drive, Benson, NC 27504 SOCIAL SECURITY # OR TIN CONTACT PHONE # SOCIAL SECURITY # OR TIN CONTACT PHONE # SOCIAL SECURITY # OR TIN CONTACT PHONE # DATE OF BIRTH 56-2232164 919-938-8052 DRIVER'S LICENSE # AND STATE DATE OF BIRTH DRIVER'S LICENSE # AND STATE DATE OF BIRTH EMPLOYER NAME EMPLOYER ADDRESS PHONE # EMPLOYER ADDRESS PHONE # EMPLOYER ADDRESS PREVIOUS ADDRESS PHONE # EMPLOYER ADDRESS PHONE # Sewer Ordinance. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the department right to disconnect my service without further notice. In order for service to be restored, I will be required to pay ALL DUE amounts and bills are prorated based on the number of days in the service period. FINAL BILLS with a credit balance of less than \$3.40 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility to reposite bill not be refunded. Deposits and/or credit balances are refunded in the applicant's name only. Property owners will be responsibility bill regardless of whether water and/or sever is being used, until the property is sold or rented. HARNETT REGIVE WATER DAMAGE OR LOSS. Please ensure residence or facility is prepared for connection. Make sure all valves & faucets are turned off before requesting water service. By signing this application, y greeting that you are at least 18 years of age. Customer Signature Signature Same Property Same Property Same Property Same Property Same Prop		•		· ·	
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the undersigned, do agree to abide by all rules, regulations and policies of Harnett Regional Water as outlined in the HRW Water Ordinance. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the department be ight to disconnect my service without further notice. In order for service to be restored, I will be required to pay ALL DUE amoun \$40 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. All nd final bills are prorated based on the number of days in the service period. FINAL BILLS with a credit balance of less than \$3.0 to be refunded. Deposits and/or credit balances are refunded in the applicant's name only. Property owners will be responsible monthly bill regardless of whether water and/or sewer is being used, until the property is sold or rented. HARNETT REGIONATER IS NOT RESPONSIBLE FOR WATER DAMAGE OR LOSS. Please ensure residence or facility is prepared for onnection. Make sure all valves & faucets are turned off before requesting water service. By signing this application, y greeing that you are at least 18 years of age. Customer Signature OR OFFICE USE ONLY TEES: Set-Up Fee \$15Deposit \$ Same Day \$50Meter Fee \$325Damage \$ Other \$ Account # Transferred From: Date To Turn Off:	EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRESS		PHONE #
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Turn On:_____Unlock Only:_____Read Only:____Install:_____ Customer Serv Rep: _____