



# 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**

Today's Date <u>8/23/2023</u> Set Up Fee All Accounts \$15  Same Day Service: \$50  Date Service Requested _____	DEPOSITS (refunded to applicant only) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">APPROVED CREDIT</th> <th style="width: 25%;">DENIED CREDIT</th> </tr> </thead> <tbody> <tr> <td>OWNER WATER</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$50</td> </tr> <tr> <td>OWNER SEWER</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$50</td> </tr> <tr> <td>RENTER WATER</td> <td style="text-align: center;">\$50</td> <td style="text-align: center;">\$100</td> </tr> <tr> <td>RENTER SEWER</td> <td style="text-align: center;">\$50</td> <td style="text-align: center;">\$100</td> </tr> </tbody> </table>		APPROVED CREDIT	DENIED CREDIT	OWNER WATER	\$0	\$50	OWNER SEWER	\$0	\$50	RENTER WATER	\$50	\$100	RENTER SEWER	\$50	\$100
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This agreement is a formal request for Harnett Regional Water (HRW), through normal procedures and in accordance with the HRW Water & Sewer Ordinance and all relevant departmental policies, to provide water and /or sewer service connections at the following location:

Service Address: 23 Millpost Dr Fugey Varina, NC Lot 59  
 Owner  Renter \_\_\_\_\_ (PROPERTY OWNER & PHONE NO.) Wademacht 919.608.4154  
 Applicant Email Address Wademacht@yahoo.com

APPLICANT		CO-APPLICANT	
NAME (FIRST, LAST) <u>Wade Macht</u>		NAME (FIRST, LAST)	
MAILING ADDRESS: <u>9904 Wishing Willow Dr Raleigh, NC 27603</u>			
SOCIAL SECURITY # OR TIN <u>46-3492452</u>	CONTACT PHONE # <u>919.608.4154</u>	SOCIAL SECURITY # OR TIN	CONTACT PHONE #
DRIVER'S LICENSE # AND STATE <u>3605727</u>	DATE OF BIRTH <u>3-12-58</u>	DRIVER'S LICENSE # AND STATE	DATE OF BIRTH
EMPLOYER NAME <u>Pavamount Homes, Inc</u>		EMPLOYER NAME	
EMPLOYER ADDRESS <u>9904 Wishing Willow Dr</u>	PHONE # <u>919.608.4154</u>	EMPLOYER ADDRESS	PHONE #
PREVIOUS ADDRESS <u>Ral, NC 27602</u>		PREVIOUS ADDRESS	

I, the undersigned, do agree to abide by all rules, regulations and policies of Harnett Regional Water as outlined in the HRW Water and Sewer Ordinance. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my service without further notice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$40 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. All initial and final bills are prorated based on the number of days in the service period. FINAL BILLS with a credit balance of less than \$3.00 will not be refunded. Deposits and/or credit balances are refunded in the applicant's name only. **Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used, until the property is sold or rented. HARNETT REGIONAL WATER IS NOT RESPONSIBLE FOR WATER DAMAGE OR LOSS. Please ensure residence or facility is prepared for water connection. Make sure all valves & faucets are turned off before requesting water service.** By signing this application, you are agreeing that you are at least 18 years of age.

Customer Signature Wade Macht, President

FOR OFFICE USE ONLY

FEES: Set-Up Fee \$15 Deposit \$ \_\_\_\_\_ Same Day \$50 Meter Fee \$325 Damage \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Account # Transferred From: \_\_\_\_\_ Date To Turn Off: \_\_\_\_\_

ACCOUNT #: CID: 434756 LID: 216818 WATER \_\_\_\_\_ SEWER \_\_\_\_\_ CREDIT: APPROVED / DENIED

Turn On: \_\_\_\_\_ Unlock Only: \_\_\_\_\_ Read Only: \_\_\_\_\_ Install: \_\_\_\_\_ Customer Serv Rep: \_\_\_\_\_