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

40/26/22		DEPOSITS (refunded to applicant only)		
Today's Date S	et Up Fee All Accounts \$15	APPROVED CREDIT DENIED CREDIT		
	Same Day Service: \$50	OWNER WATER	\$0	\$50
	Same Day Service. \$30	OWNER SEWER	\$0	\$50
Date Service Requested ASAP		RENTER WATER	\$50	\$100
Bute Service requested		RENTER SEWER	\$50	\$100
This agreement is a formal request for	Harnett Regional Water (HF		· ·	
& Sewer Ordinance and all relevant de		de water and /or sewe	er service connection	ons at the following location:
Service Address: 317 Sneed Lane/Lot	261 Serenity			
	ERTY OWNER & PHONE NO.) _	Garman Homes-Beth Sto	ephenson 919-801-240	9
Applicant Email Addresslindseyg@	garmanhomes.com			
APPLICANT		CO-APPLICANT		
NAME (FIRST, LAST) Garman Homes	NAME (FIRST, LAST)			
MAILING ADDRESS: 4000 Paramount Pkwy, Suite 2	50 Morrisville, NC 27560)		
SOCIAL SECURITY # OR TIN LICENSE #62939	CONTACT PHONE # 919–801–2409	SOCIAL SECURITY # OR TIN		CONTACT PHONE #
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 #
PREVIOUS ADDRESS		PREVIOUS ADDRESS		
I, the undersigned, do agree to abide by Sewer Ordinance. Should I fail to make the sewer Ordinance. Should I fail to make the sewer of	ke all payments on time wh further notice. In order for s g from court action to collect number of days in the servit balances are refunded in the servit balances are all valves & fauce are at least 18 years of age. Same Day S	en due as stated on the ervice to be restored, et on an account will ce period. FINAL Base applicant's name of used as long as the set ER DAMAGE OR lets are turned off be an Homes [850Meter Fee \$650Meter F	ne WATER/SEWE I will be required to be the responsibili ILLS with a credit inly. Property own ervice is not turned LOSS. Please en fore requesting w	R bill, the department has the pay ALL DUE amounts play of the customer. All initional balance of less than \$3.00 weres will be responsible for doff by request. HARNET sure residence or facility ater service. By signing theOther \$
Account # Transferred From:	_ Date To Turn Off:			
ACCOUNT #: CID:	LID:	_ WATERSE	WERCRED	IT: APPROVED / DENIEI

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