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

Set Up Fee All Accounts \$1 Same Day Service: \$50 Date Service RequestedASAP This agreement is a formal request for Harnett Regional Water (H& Sewer Ordinance and all relevant departmental policies, to prove Service Address:323 Sneed Lane/Lot 262 Serenity Owner X	OWNER WATER OWNER SEWER RENTER WATER RENTER SEWER RW), through normal provide water and /or sewer se	ervice connection	\$50 \$50 \$100 \$100 secordance with the HRW Wons at the following location:
Date Service RequestedASAP This agreement is a formal request for Harnett Regional Water (H& Sewer Ordinance and all relevant departmental policies, to prove Service Address:323 Sneed Lane/Lot 262 Serenity OwnerX Renter (PROPERTY OWNER & PHONE NO.) Applicant Email Addresslindseyg@garmanhomes.com	OWNER SEWER RENTER WATER RENTER SEWER RW), through normal provide water and /or sewer se	\$0 \$50 \$50 ocedures and in a ervice connection	\$50 \$100 \$100 accordance with the HRW Worns at the following location:
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Applicant Email Address lindseyg@garmanhomes.com	Garman Homes-Beth Stepho	enson 919-801-2409	9
Applicant Email Address			
APPLICANT			
	CO-APPLICANT		
NAME (FIRST, LAST) Garman Homes	NAME (FIRST, LAST)		
MAILING ADDRESS: 4000 Paramount Pkwy, Suite 250 Morrisville, NC 2756	60		
SOCIAL SECURITY # OR TIN LICENSE #62939 CONTACT PHONE # 919-801-2409	SOCIAL SECURITY # OF	RTIN	CONTACT PHONE #
DRIVER'S LICENSE # AND STATE DATE OF BIRTH	DRIVER'S LICENSE # Al	ND STATE	DATE OF BIRTH
EMPLOYER NAME	EMPLOYER NAME		
EMPLOYER ADDRESS PHONE #	EMPLOYER ADDRESS		PHONE #
PREVIOUS ADDRESS	PREVIOUS ADDRESS		1
FOR OFFICE USE ONLY	hen due as stated on the V service to be restored, I w ect on an account will be vice period. FINAL BILL the applicant's name only gused as long as the servi EER DAMAGE OR LO ets are turned off before nan Homes	WATER/SEWER fill be required to the responsibility. S with a credit by Property own ice is not turned SS. Please ens e requesting wa	R bill, the department has the pay ALL DUE amounts plut by of the customer. All initial palance of less than \$3.00 with the responsible for a loff by request. HARNET sure residence or facility is atter service. By signing this
FEES: Set-Up Fee \$15Deposit \$Same Day Account # Transferred From:			Other \$
ACCOUNT #: CID:LID:	Date to turn on. WATER SEWE		T: APPROVED / DENIED

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