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

T. 1 . D . 11/9/23		DEPOSITS (refunded to applicant only)		
Today's Date Se	et Up Fee All Accounts \$15		APPROVED CR	EDIT DENIED CREDIT
	Same Day Service: \$50	OWNER WATER	\$0	\$50
	Same Day Service. \$50	OWNER SEWER	\$0	\$50
Date Service Requested ASAP		RENTER WATER	\$50	\$100
		RENTER SEWER	\$50	\$100
This agreement is a formal request for I & Sewer Ordinance and all relevant deposervice Address: 337 Sneed Lane/Lot	partmental policies, to provide			
Owner X Renter (PROPE	RTY OWNER & PHONE NO.)	Garman Homes-Beth Step	ohenson 919-801-24	09
Applicant Email Addresslindseyg@	garmanhomes.com			
APPLICANT		CO-APPLICANT		
NAME (FIRST, LAST) Garman Homes	NAME (FIRST, LAST)			
MAILING ADDRESS: 4000 Paramount Pkwy, Suite 25	0 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 ADDRESS	S	PHONE #
REVIOUS ADDRESS		PREVIOUS ADDRESS		
I, the undersigned, do agree to abide by Sewer Ordinance. Should I fail to making the disconnect my service without far \$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 REGIONAL WATER IS NOT RESUPPRIED FOR WATER IS NOT RESUPPRIED TO WA	te all payments on time who further notice. In order for so g from court action to collect number of days in the service balances are refunded in thater and/or sewer is being us GPONSIBLE FOR WATE see sure all valves & faucet re at least 18 years of age. for Garma	en due as stated on the ervice to be restored, I et on an account will be ce period. FINAL BIL e applicant's name onlesed as long as the ser R DAMAGE OR Lets are turned off before Homes	e WATER/SEWE will be required to the the responsibility. LS with a credit by. Property ow wice is not turne OSS. Please en ore requesting w	ER bill, the department has the pay ALL DUE amounts plaity of the customer. All initional balance of less than \$3.00 with the responsible for doff by request. HARNET asure residence or facility vater service. By signing the
Account # Transferred From:	Date To Turn Off:			
ACCOUNT #: CID:	LID:	SEW	VERCRED	IT: APPROVED / DENIEI

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