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 CREDIT DENIED CREDIT		
	Same Day Service: \$50	OWNER WATER	\$0	\$50
	Sum Buy Service: 400	OWNER SEWER	\$0	\$50
Date Service Requested ASAP		RENTER WATER	\$50	\$100
		RENTER SEWER	\$50	\$100
Γhis agreement is a formal request for I & Sewer Ordinance and all relevant dep				
Service Address: 363 Sneed Lane/Lot	266 Serenity			
Owner X Renter (PROPE	, -	Garman Homes-Beth St	ephenson 919-801-2409	<u> </u>
Applicant Email Address	garmanhomes.com	<u> </u>		
APPLICANT	CO-APPLICANT			
NAME (FIRST, LAST) Garman Homes	NAME (FIRST, LAST)			
MAILING ADDRESS: 4000 Paramount Pkwy, Suite 25	00 Morrisville, NC 27560	9		
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 ADDRE	SS	PHONE #
PREVIOUS 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 RESUPPRESE FOR THE SECTION OF THE S	te all payments on time who curther notice. In order for so ge from court action to colle number of days in the serve a balances are refunded in the serve and/or sewer is being SPONSIBLE FOR WATI ke sure all valves & fauce	en due as stated on the service to be restored, of on an account will ice period. FINAL Bene applicant's name of the second as long as	he WATER/SEWER I will be required to be the responsibility ILLS with a credit booly. Property own ervice is not turned LOSS. Please ensured	R bill, the department has the pay ALL DUE amounts play of the customer. All initial alance of less than \$3.00 wers will be responsible for off by request. HARNET ure residence or facility
Customer Signature FOR OFFICE USE ONLY			225 Dama 24 C	O4h 6
FEES: Set-Up Fee \$15Deposit \$_ Account # Transferred From:				Other \$
ACCOUNT #: CID:	LID:			Γ: APPROVED / DENIE
1000 UNI π. CID.	пть	_ WAIEKSE	WERCREDI	INO TED / DENIE

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