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

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Todowia Data	0.11 5. 4114		DEPOSITS (re	funded to applicant or	nly)
Today's Date	_ Set Up	ree All Accounts \$15		APPROVED CRED	DIT DENIED CREDIT
	Sam	e Day Service: \$50	OWNER WATER	\$0	\$50
		•	OWNER SEWER	\$0	\$50
Date Service Requested			RENTER WATER RENTER SEWER	\$50 \$50	\$100 \$100
This agreement is a formal reque & Sewer Ordinance and all releva			W), through normal	procedures and in acc	cordance with the HRW
Service Address:					
Owner Renter (PROPERTY (OWNER & PHONE NO.) _			
Applicant Email Address					
APPLICANT			CO-APPLICANT		
NAME (FIRST, LAST)			NAME (FIRST, LAST)		
MAILING ADDRESS:					
SOCIAL SECURITY # OR TIN	C	ONTACT PHONE #	SOCIAL SECURITY	# OR TIN C	CONTACT PHONE #
DRIVER'S LICENSE # AND STATE	D.	ATE OF BIRTH	DRIVER'S LICENSE	# AND STATE D	ATE OF BIRTH
EMPLOYER NAME		EMPLOYER NAME			
EMPLOYER ADDRESS		PHONE #	EMPLOYER ADDRE	ess	PHONE #
PREVIOUS ADDRESS			PREVIOUS ADDRES	SS	
the undersigned, do agree to all sewer Ordinance. Should I fail right to disconnect my service with \$40 reconnect fee. Any fees resulted final bills are prorated based not be refunded. Deposits and/ormonthly bill regardless of whet WATER IS NOT RESPONSIBE connection. Make sure all valuations that you are at least 18 years of the conference of the confe	to make all thout further esulting from on the number of credit balance water at LE FOR Ves & fauctives of age	payments on time when repayments on time when rotice. In order for some court action to collect ber of days in the service and are refunded in the service and/or sewer is being up. VATER DAMAGE Officets are turned off before the service and the service and the service are turned of the service are turned o	en due as stated on the provice to be restored, at on an account will be period. FINAL Be applicant's name of used, until the proper RLOSS. Please enfore requesting water the proper state. Meter Fee \$ 100.	the WATER/SEWER I will be required to part of the the responsibility of the part of the pa	bill, the department has pay ALL DUE amounts pof the customer. All initiating of the customer. All initiating of the customer. All initiating of the customer. Some standard of the customer will be responsible for the customer of the custo
Account # Transferred From:			_ Date To Turn (Off:	
ACCOUNT #: CID:]	LID:	WATERSE	WERCREDIT	: APPROVED / DENII
Turn On: Unlock Only					

APPLICATION DIRECTIONS

DATE:	taps already installed and property is on septic - water only
as noted below. This request is for a cost of the service will be as follows:	is requesting a water and/or sewer service at the location inch water service and/or a residential sewer service. The
Water tap total cost + deposit: 3/4" \$2800 1" \$3500 2" \$4500	Residential Sewer tap total cost + deposit: ALL DISTRICTS \$3500 BUNNLEVEL & RIVERSIDE \$4500
Retrofitted sprinkler tap fee: \$300 + \$3	25 3/4" meter & mxu fee = total cost \$625
*There will also be a deposit on all new	v accounts for water and/or sewer as required.
For all other sizes refer to Harnett Regional W	Tater @ (910) 893-7575.
	his service, the customer would be required to pay the amount of n of the requested service. This amount is based on materials and labor is property.
DIRECTIONS TO LOCATION OF RE	EQUESTED TAP: Detailed Map/Description
CUSTOMERS SIGNATURE Ha	nnah McGrath
Office Use: This service can be installed as noted above. This service requires a line extension: cost about the properties of returned notification from Maintenance Maintenance Personnel Signature:	e

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RESIDENTIAL WATER/SEWER USER AGREEMENT

COPY OF RECORDED DEED & PICTURE ID ARE REQUIRED

(x) Water and Sewer District of Harnett County	
() Retrofitted Sprinkler Connection	
() Full Service Sprinkler Connection	
Owner's Mailing/Billing Address:	For Office Use Only:
LAND OWNER'S NAME	AMOUNT PAID
CURRENT STREET, ROUTE OR P.O. BOX	CUSTOMER NO.
CITY OR TOWN, STATE, ZIP	PROPERTY NO.
TELEPHONE NUMBER	STATE RD NAME & NO.
NUMBER OF PERSONS LIVING IN	
OWNER SOCIAL SECURITY & DRIVERS LICENSE #	
SPOUSE'S SOCIAL SECURITY & DRIVERS LICENSE#	
EMPLOYER, ADDRESS AND PHONE NUMBER	
SPOUSE'S EMPLOYER, ADDRESS AND PHONE NUMBER	
NAME OF NEAREST RELATIVE, ADDRESS AND PHONE NUMBER	