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

12/18/2024		DEPOSITS (refunded to applicant only)		
Today's Date Set	t Up Fee All Accounts \$15	APPROVED CREDIT DENIED CREDIT		
	Same Day Service: \$50	OWNER WATER	\$0	\$50
	sume Buy Service. \$20	OWNER SEWER	\$0	\$50
Date Service Requested ASAP This agreement is a formal request for Harnett Regional Water (HR		RENTER WATER	\$50	\$100
		RENTER SEWER	\$50	\$100
Sewer Ordinance and all relevant depart	artmental policies, to provide			
ervice Address: 221 Sneed Lane/Lot 2		Common Homos Bath Ct		
Owner X Renter (PROPER Applicant Email Address	TY OWNER & PHONE NO.) armanhomes.com	Garman Homes-Beth St	epnenson 919-801-2408	,
APPLICANT		CO-APPLICANT		
		00 / 11 / 22 / 11 / 1		
NAME (FIRST, LAST) Garman Homes		NAME (FIRST, LAST)		
MAILING ADDRESS: 4000 Paramount Pkwy, Suite 250	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		PHONE #
PREVIOUS ADDRESS		PREVIOUS ADDRESS		
the undersigned, do agree to abide by Sewer Ordinance. Should I fail to make ight to disconnect my service without fur \$40 reconnect fee. Any fees resulting and final bills are prorated based on the most be refunded. Deposits and/or credit monthly bill regardless of whether wat REGIONAL WATER IS NOT RESINGED TO THE STORY OF THE	e all payments on time when inther notice. In order for se- from court action to collect number of days in the service balances are refunded in the ter and/or sewer is being up PONSIBLE FOR WATE the sure all valves & faucet at least 18 years of age.	en due as stated on the ervice to be restored, et on an account will be period. FINAL Be applicant's name of used as long as the sear turned off be	he WATER/SEWER I will be required to be the responsibility ILLS with a credit b ruly. Property own ervice is not turned LOSS. Please ens	R bill, the department has the pay ALL DUE amounts pluy of the customer. All initional palance of less than \$3.00 where will be responsible for loff by request. HARNET sure residence or facility
CUSTOMER SIGNATURE FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit \$			325Damage \$	Other \$
Account # Transferred From: Date To Turn Off:				
ACCOUNT #: CID:	LID:	WATERSE	WERCREDI	T: APPROVED / DENIEI

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