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. 1. D.		DEPOSITS (refunded to applicant only)		
Today's Date Set	et Up Fee All Accounts \$15		APPROVED CRE	DIT DENIED CREDIT
	Same 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 request for H & Sewer Ordinance and all relevant deposervice Address: 480 Serenity W	artmental policies, to provid	de water and /or sewe	er service connection	
Owner X Renter (PROPER Applicant Email Address	TY OWNER & PHONE NO.)	Weekley Home	s LLC / 919.659	9.1505
APPLICANT		CO-APPLICANT		
NAME (FIRST, LAST)		NAME (FIRST, LAST)		
Weekley Homes LLC		, ,	,	
MAILING ADDRESS:				
1901 N. Harrison Ave., Suite	200, Cary NC 27513			
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECURITY # OR TIN CONTACT PHONE		CONTACT PHONE #
76-0519106	919.659.1505			
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 make right to disconnect my service without for a \$40 reconnect fee. Any fees resulting and final bills are prorated based on the mot be refunded. Deposits and/or credit monthly bill regardless of whether was WATER IS NOT RESPONSIBLE FOR connection. Make sure all valves & fagreeing that you are at least 18 years of FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit \$ Account # Transferred From:	e all payments on time when the restriction of the service from court action to collect number of days in the service balances are refunded in the service of the service balances are refunded in the service of the service balances are seeing upon the service of	en due as stated on the revice to be restored, at on an account will be period. FINAL Be applicant's name of sed, until the proper R LOSS. Please ensure requesting wat the proper sequential sequence of the sequential sequence of the seque	ne WATER/SEWER I will be required to be the responsibility ILLS with a credit be refully. Property owne orty is sold or rented sure residence or fa er service. By sign	bill, the department has to pay ALL DUE amounts play of the customer. All initial alance of less than \$3.00 wers will be responsible for all. HARNETT REGIONAL Could be application, you are supported by the support of
ACCOUNT #: CID:	LID:	WATERSE	WERCREDIT	T: APPROVED / DENIE

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