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- 12- D-4-	Ππ. Επ. Α11 Α · · · · · · · · · · · · · · · · ·	DEPOSITS (ref	funded to applicant o	nly)
Today's Date Set	Up Fee All Accounts \$15		APPROVED CREI	DIT DENIED CREDIT
S	ame Day Service: \$50	OWNER WATER	\$0	\$50
		OWNER SEWER	\$0	\$50
Date Service Requested		RENTER WATER	\$50	\$100
This agreement is a formal request for Ha	most Denienal Water (IID	RENTER SEWER	\$50	\$100
& Sewer Ordinance and all relevant depart				
Service Address:				
Owner X Renter (PROPERT	Y OWNER & PHONE NO.)	Smith Douglas I	Homes330-608	8-5889
Applicant Email Address jdavis@sr	nithdouglas.com			
APPLICANT		CO-APPLICANT		
NAME (FIRST, LAST)		NAME (FIRST, LAST	")	
Jenn Davis - Smith Douglas H	omes			
MAILING ADDRESS:				
110 Village Trail Suite 215 Wo	odstock, GA 30188			
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECURITY # OR TIN CONTA		CONTACT PHONE #
81-1053624 TIN	330-608-5889			
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		
the undersigned, do agree to abide by a 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 be monthly bill regardless of whether water WATER IS NOT RESPONSIBLE FOR connection. Make sure all valves & far agreeing that you are at least 18 years of a customer Signature	all payments on time when ther notice. In order for section to collect the col	en due as stated on the ervice to be restored, et on an account will be period. FINAL Be applicant's name of ased, until the proper R LOSS. Please ensore requesting wat	he WATER/SEWER I will be required to be the responsibility ILLS with a credit be rely. Property owne erty is sold or rented sure residence or fa er service. By sign	bill, the department has the pay ALL DUE amounts play of the customer. All initial ance of less than \$3.00 wers will be responsible for all the customers. HARNETT REGIONA cility is prepared for wathing this application, you aOther \$
Account # Transferred Erom:		Date To Turn Off:CREDIT: APPROVED / DENIE		
Account # 11ansierreu From.			<u> </u>	

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