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 2 D 4/1/2024		DEPOSITS (refunded to applicant only)		
Today's Date S	et Up Fee All Accounts \$15	APPROVED CF		
	Same Day Service: \$50	OWNER WATER	\$0	\$50
	Same Day Service. \$30	OWNER SEWER	\$0	\$50
Date Service Requested (ASAP)	RENTER WATER	\$50	\$100
Zun striver magnesieu		RENTER SEWER	\$50	\$100
This agreement is a formal request for & Sewer Ordinance and all relevant de Service Address: 61 Ashbrook Cove/I	partmental policies, to provi			
OwnerX Renter(PROPI	ERTY OWNER & PHONE NO.) _	Garman Homes-Beth Step	henson 919-801-240	09
Applicant Email Addresslindseyg@	@garmanhomes.com			
APPLICANT		CO-APPLICANT		
NAME (FIRST, LAST) Garman Homes	NAME (FIRST, LAST)			
MAILING ADDRESS: 4000 Paramount Pkwy, Suite 2	50 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	<u> </u>	PHONE #
PREVIOUS ADDRESS		PREVIOUS ADDRESS		
I, the undersigned, do agree to abide be Sewer Ordinance. Should I fail to ma right to disconnect my service without a \$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 we refunded. WATER IS NOT RE prepared for water connection. Manapplication, you are agreeing that you are agreeing that you are connected to the control of the control	ke all payments on time who further notice. In order for so ag from court action to collect a number of days in the servicit balances are refunded in the ater and/or sewer is being to SPONSIBLE FOR WATE alke sure all valves & fauce are at least 18 years of age. for Garma	en due as stated on the ervice to be restored, I et on an account will be ce period. FINAL BIL e applicant's name onlused as long as the ser ER DAMAGE OR LOTS are turned off beform Homes	WATER/SEWE will be required to the responsibility. LS with a credity. Property ow vice is not turne OSS. Please enore requesting w	ER bill, the department has the opay ALL DUE amounts plut of the customer. All initial balance of less than \$3.00 winers will be responsible for d off by request. HARNET usure residence or facility rater service. By signing the
Account # Transferred From:	Date To Turn Off:			
ACCOUNT #: CID:	LID:	SEW	ERCRED	IT: APPROVED / DENIEI

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