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

Same Day Service: \$50 Date Service Requested	
Date Service Requested	DENIED CREDIT
Date Service Requested	\$50
This agreement is a formal request for Harnett Regional Water (HRW), through normal procedures and in accordance & Sewer Ordinance and all relevant departmental policies, to provide water and /or sewer service connections at the formal request for Harnett Regional Water (HRW), through normal procedures and in accordance & Sewer Ordinance and all relevant departmental policies, to provide water and /or sewer service connections at the formal request of the formal procedures and in accordance & Sewer Ordinance and all relevant departmental policies, to provide water and /or sewer service connections at the formal procedures and in accordance & Sewer Ordinance and all relevant departmental policies, to provide water and /or sewer service connections at the formal procedures and in accordance & Sewer Ordinance and In accordance and In accordance & Sewer Ordinance & Se	\$50
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APPLICANT APPLICANT APPLICANT APPLICANT APPLICANT APPLICANT NAME (FIRST, LAST) D.R. Horton Inc. MAILING ADDRESS: 2000 Aerial Center Pkwy Ste. 110-A Morrisville, NC 27560 SOCIAL SECURITY # OR TIN CONTACT PHONE # SOCIAL SECURITY # OR TIN CONTACT 75-2386963 DRIVER'S LICENSE # AND STATE DATE OF BIRTH DRIVER'S LICENSE # AND STATE EMPLOYER NAME EMPLOYER NAME EMPLOYER NAME EMPLOYER ADDRESS PHONE # PREVIOUS ADDRESS PHONE PREVIOUS ADDRESS PREVIOUS ADDRESS PREVIOUS ADDRESS PHONE PHONE PREVIOUS ADDRESS PHONE PREVIOUS AD	
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prepared for water connection. Make sure all valves & faucets are turned off before requesting water service application, you are agreeing that you are at least 18 years of age. Customer Signature	e department has the L DUE amounts plus customer. All inition of less than \$3.00 was be responsible for equest. HARNET idence or facility vice. By signing the Other \$
Account # Transferred From: Date To Turn Off:	
ACCOUNT #: CID:LID: WATERSEWERCREDIT: APPR	ROVED / DENIE

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