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

7/9/24 ~	TT TO A 11 A	DEPOSITS (refunded to applicant only)		
Today's Date Set	Up Fee All Accounts \$15		APPROVED CREI	DIT DENIED CREDIT
S	ame Day Service: \$50	OWNER WATER	\$0	\$50
~	anic Buy Bervice. \$50	OWNER SEWER	\$0	\$50
Date Service Requested		RENTER WATER	\$50	\$100
		RENTER SEWER	\$50	\$100
This agreement is a formal request for Ha	rtmental policies, to provid			
Service Address: 20 Charlies Bend				
Owner X Renter (PROPER		D.R. Horton Inc.	984-327-8357	
Applicant Email Address jnupchurch	@drhorton.com			
APPLICANT		CO-APPLICANT		
NAME (FIRST, LAST)		NAME (FIRST, LAST)	
D.R. Horton Inc.				
MAILING ADDRESS:				
2000 Aerial Center Pkwy Ste.	110-A Morrisville, N	C 27560		
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECURITY # OR TIN CONTACT PHONE #		
75-2386963	984-327-8357			
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE DATE OF BIRTH		DATE OF BIRTH
EMPLOYER NAME		EMPLOYER NAME		
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRES	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 not be refunded. Deposits and/or credit be nonthly bill regardless of whether water REGIONAL WATER IS NOT RESPONDED TO THE SERVICE OF T	all payments on time when ther notice. In order for set from court action to collect umber of days in the service to alances are refunded in the er and/or sewer is being use ONSIBLE FOR WATE aure all valves & faucet at least 18 years of age.	en due as stated on the ervice to be restored, et on an account will ce period. FINAL Bise applicant's name of used as long as the solar DAMAGE OR like are turned off be	ne WATER/SEWER I will be required to be the responsibility ILLS with a credit be nly. Property owne ervice is not turned LOSS. Please ensu fore requesting war	bill, the department has the pay ALL DUE amounts plut of the customer. All initial alance of less than \$3.00 with the service of the responsible for off by request. HARNET are residence or facility that the service. By signing the
Customer Signature <u>e</u> FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit \$_	<i>nnifer Upchure</i> Same Day\$	SOMeter Fee \$	325Damage \$	Other \$
	Date To Turn Off:			
Account # Transferred From:		_ Date To Turn O	off:	

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