## **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. 7 D. 4 9/12/2024 C. 4   |   | DEPOSITS (refunded to applicant only)   |   |  |
|---|---|---|---|--|
| Today's Date Set  | t Up Fee All Accounts \$15  |   | APPROVED CRE  | EDIT DENIED CREDIT   |
|   | Sama Day Sarvica: \$50  | OWNER WATER   | \$0   | \$50   |
| Same Day Service: \$50  |   | OWNER SEWER   | \$0   | \$50   |
| Date Service Requested (Will Call)  |   | RENTER WATER  | \$50  | \$100  |
| Date Service requested 1111   |   | RENTER SEWER  | \$50  | \$100  |
| This agreement is a formal request for Ha & Sewer Ordinance and all relevant depa Service Address: 38 Windchime Court/L   | rtmental policies, to provid  |   |   |  |
|   | TY OWNER & PHONE NO.) _   | Garman Homes-Beth St  | ephenson 919-801-240  | 9  |
| Applicant Email Addresslindseyg@g   | armanhomes.com  |   |   |  |
| APPLICANT   |   | CO-APPLICANT  |   |  |
| NAME (FIRST, LAST) Garman Homes   |   | NAME (FIRST, LAST)  |   |  |
| MAILING ADDRESS:<br>4000 Paramount Pkwy, Suite 250  | Morrisville, NC 27560   |   |   |  |
| SOCIAL SECURITY # OR TIN<br>LICENSE #62939  | CONTACT PHONE #<br>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 ADDRES   | SS  | PHONE #  |
| PREVIOUS ADDRESS  |   | PREVIOUS ADDRESS  |   |  |
| I, the undersigned, do agree to abide by a Sewer Ordinance. Should I fail to make right to disconnect my service without fur a \$40 reconnect fee. Any fees resulting and final bills are prorated based on the not be refunded. Deposits and/or credit be monthly bill regardless of whether wat REGIONAL WATER IS NOT RESP prepared for water connection. Make application, you are agreeing that you are Customer Signature  FOR OFFICE USE ONLY | all payments on time when ther notice. In order for seferom court action to collect umber of days in the service palances are refunded in the er and/or sewer is being up to the constitution of the er and valves & faucet at least 18 years of age. | en due as stated on the revice to be restored, to on an account will be period. FINAL Bise applicant's name of sed as long as the sea R DAMAGE OR Its are turned off be | he WATER/SEWEI<br>I will be required to<br>be the responsibilit<br>ILLS with a credit banly. Property own<br>ervice is not turned<br>LOSS. Please ens | R bill, the department has the p pay ALL DUE amounts plus by of the customer. All initial palance of less than \$3.00 will ners will be responsible for a loff by request. HARNETT sure residence or facility is |
| FEES: Set-Up Fee \$15Deposit \$   |   |   |   |  |
| Account # Transferred From:   |   |   |   |  |
| ACCOUNT #: CID:   | LID:  | WATERSE   | WERCREDI  | T: APPROVED / DENIED   |

Turn On:\_\_\_\_\_Unlock Only:\_\_\_\_\_Read Only:\_\_\_\_Install:\_\_\_\_\_ Customer Serv Rep:\_\_\_\_\_