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

		DEPOSITS (ret	funded to applicant of	
Today's Date <u>9-17-2024</u> Set U	Jp Fee All Accounts \$15		APPROVED CRE	
Sa	me Day Service: \$50	OWNER WATER	\$0	\$50
	THE Day Service. \$50	OWNER SEWER	\$0	\$50
Date Service Requested will call		RENTER WATER	\$50 \$50	\$100
This agreement is a formal request for Har & Sewer Ordinance and all relevant depart			procedures and in ac	
Service Address: 262 Grand Griffon \	Nay			
Owner_X Renter(PROPERTY	OWNER & PHONE NO.)	Great Southern	Homes, Inc. 91	9-250-8428
Applicant Email Address				
APPLICANT		CO-APPLICANT		
NAME (FIRST, LAST)		NAME (FIRST, LAST	`)	
Great Southern Homes, Inc. Bla	ke Whitaker			
MAILING ADDRESS:				
917 Chapin Road, Chapin, SC 290)36			
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECURITY	# OR TIN	CONTACT PHONE #
26-3676486	919-250-8428			
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE	# AND STATE	DATE OF BIRTH
n/a r	n/a			
EMPLOYER NAME		EMPLOYER NAME		
n/a				
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRE	ss	PHONE #
n/a	n/a			
PREVIOUS ADDRESS		PREVIOUS ADDRESS		
I, the undersigned, do agree to abide by al				
Sewer Ordinance. Should I fail to make a right to disconnect my service without furth a \$40 reconnect fee. Any fees resulting fr and final bills are prorated based on the nunot be refunded. Deposits and/or credit bamonthly bill regardless of whether water REGIONAL WATER IS NOT RESPONSE Prepared for water connection. Make application, you are agreeing that you are a	all payments on time when the notice. In order for second court action to collect mber of days in the serviculances are refunded in the and/or sewer is being uponsible for water all valves & faucet	en due as stated on the ervice to be restored, et on an account will ce period. FINAL B e applicant's name of used as long as the self. PAMAGE OR	he WATER/SEWER I will be required to be the responsibility ILLS with a credit b only. Property own ervice is not turned LOSS. Please ensu	R bill, the department has the pay ALL DUE amounts pluty of the customer. All initial alance of less than \$3.00 with the responsible for off by request. HARNET ure residence or facility:
Customer Signature 80				
FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit \$				
Account # Transferred From: Date To Turn Off:				
ACCOUNT #: CID:	_LID:	WATERSE	WERCREDIT	Γ: APPROVED / DENIEL

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