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

Today's Date 9/24/24 Set Up	D 411 4	DEPOSITS (refunded to applicant only)			
I oday's Date Set Up	Fee All Accounts \$15		APPROVED CR	EDIT	DENIED CREDIT
Same	e Day Service: \$50	OWNER WATER	\$0		\$50
		OWNER SEWER	\$0		\$50
Date Service Requested Will Call		RENTER WATER	\$50		\$100
Cl.'	44 D 1 W (HD.	RENTER SEWER	\$50	1 .	\$100
This agreement is a formal request for Harne & Sewer Ordinance and all relevant departments of the Service Address: 202 Paper Birch Wa	ental policies, to provid				
		ND Harton Inc.	004 227 025		
Owner X Renter (PROPERTY O		J.K. HORION INC.	964-327-633	<u> </u>	
Applicant Email Address jnupchurch@d	rhorton.com	<u> </u>			
APPLICANT		CO-APPLICANT			
NAME (FIRST, LAST)	NAME (FIRST, LAST)				
D.R. Horton Inc.					
MAILING ADDRESS:					
2000 Aerial Center Pkwy Ste. 110	0-A Morrisville, N	C 27560			
SOCIAL SECURITY # OR TIN	ONTACT PHONE #	SOCIAL SECURITY # OR TIN		CONTA	ACT PHONE #
75-2386963 98	4-327-8357				
DRIVER'S LICENSE # AND STATE DA	ATE OF BIRTH	DRIVER'S LICENSE # AND STATE		DATE OF BIRTH	
EMPLOYER NAME		EMPLOYER NAME			
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRESS		РНО	NE #
REVIOUS ADDRESS		PREVIOUS ADDRESS			
The undersigned, do agree to abide by all reference. Should I fail to make all right to disconnect my service without further a \$40 reconnect fee. Any fees resulting from and final bills are prorated based on the number of the refunded. Deposits and/or credit balan monthly bill regardless of whether water a REGIONAL WATER IS NOT RESPOND or pared for water connection. Make supplication, you are agreeing that you are at 1 Customer Signature Jenniford FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit \$	payments on time when r notice. In order for sen court action to collect or of days in the service are refunded in the nd/or sewer is being us (SIBLE FOR WATE re all valves & faucet least 18 years of age. Same Day \$	en due as stated on the ervice to be restored, et on an account will be period. FINAL Be applicant's name of ased as long as the search turned off because Meter Fee \$	he WATER/SEWI I will be required be the responsibil ILLS with a credit only. Property ow ervice is not turne LOSS. Please er efore requesting v	ER bill, to pay A lity of the balance oners wied off by nsure revater se	the department has to LL DUE amounts plus e customer. All init of less than \$3.00 will be responsible for request. HARNET esidence or facility rvice. By signing the other \$
Account # Transferred From:					
ACCOUNT #: CID:I	LID:	WATERSE	EWERCRED	OIT: AP	PROVED / DENIE

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