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

9/25/2024		DEPOSITS (refunded to applicant only)		
Today's Date S	Set Up Fee All Accounts \$15	APPROVED CF		
	Same Day Service: \$50	OWNER WATER	\$0	\$50
Same Day Service. \$50		OWNER SEWER	\$0	\$50
Date Service Requested Will Call		RENTER WATER	\$50	\$100
		RENTER SEWER	\$50	\$100
This agreement is a formal request for & Sewer Ordinance and all relevant de Service Address: 35 Windchime Cour	epartmental policies, to provide			
OwnerX Renter (PROPI	ERTY OWNER & PHONE NO.)	Garman Homes-Beth Step	henson 919-801-24	09
Applicant Email Addresslindseyg@	@garmanhomes.com			
APPLICANT		CO-APPLICANT		
NAME (FIRST, LAST) Garman Homes	NAME (FIRST, LAST)			
MAILING ADDRESS: 4000 Paramount Pkwy, Suite 2	50 Morrisville, NC 27560			
SOCIAL SECURITY # OR TIN LICENSE #62939	CONTACT PHONE # 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 ADDRESS	S	PHONE #
PREVIOUS ADDRESS		PREVIOUS ADDRESS		
I, the undersigned, do agree to abide be Sewer Ordinance. Should I fail to make the sewer Ordinance of the sewer of the s	ke all payments on time who further notice. In order for song from court action to collect enumber of days in the servicit balances are refunded in the later and/or sewer is being use SPONSIBLE FOR WATE like sure all valves & faucet are at least 18 years of age.	en due as stated on the ervice to be restored, I et on an account will be ce period. FINAL BIL e applicant's name onlesed as long as the ser R DAMAGE OR Lets are turned off before Homes	e WATER/SEWE will be required to the the responsibility. LS with a credit by. Property ow wice is not turne OSS. Please en ore requesting w	ER bill, the department has the pay ALL DUE amounts plaity of the customer. All initional balance of less than \$3.00 with the payment will be responsible for doff by request. HARNET asure residence or facility water service. By signing the
Account # Transferred From:	_ Date To Turn Off:			
ACCOUNT #: CID:	LID:	WATERSEW	VERCRED	IT: APPROVED / DENIEI

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