## **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

CCOUNT #: CID:	LID:	WATERSEV	WERCREDIT	: APPROVED / DENIED	
Account # Transferred From:		_ Date To Turn Off:			
OR OFFICE USE ONLY EES: Set-Up Fee \$15Deposit			325Damage \$	Other \$	
ustomer Signature_	for Garma	n Homes			
repared for water connection. Moplication, you are agreeing that you	ake sure all valves & fauce				
onthly bill regardless of whether v EGIONAL WATER IS NOT RE					
t be refunded. Deposits and/or cred	lit balances are refunded in th	e applicant's name on	aly. Property owne	rs will be responsible for a	
\$40 reconnect fee. Any fees resulti d final bills are prorated based on the					
ewer Ordinance. Should I fail to maght to disconnect my service without	t further notice. In order for se	ervice to be restored, I	will be required to	pay ALL DUE amounts plus	
the undersigned, do agree to abide l					
REVIOUS ADDRESS		PREVIOUS ADDRESS			
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRES	S	PHONE #	
EMPLOYER NAME		EMPLOYER NAME			
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE		DATE OF BIRTH	
SOCIAL SECURITY # OR TIN LICENSE #62939	CONTACT PHONE # 910–322–6356	SOCIAL SECURITY # OR TIN		CONTACT PHONE #	
MAILING ADDRESS: 4000 Paramount Pkwy, Suite	·	T			
NAME(FIRST, LAST) Garman Homes	NAME (FIRST, LAST)				
APPLICANT		CO-APPLICANT			
pplicant Email Address		<u> </u>			
wnerX Renter (PROP	PERTY OWNER & PHONE NO.) _  @garmanhomes.com	Garman nomes-narrison	Baucom 910-322-6356		
		Couman Hamas Haurisan	Pausam 040 222 6256		
ervice Address: 51 Windchime Cou		ue water and for sewe	i service connection	s at the following location.	
nis agreement is a formal request for Sewer Ordinance and all relevant d					
Sate Service Requested Sur	-/	RENTER SEWER	\$50	\$100	
Date Service Requested (Will Call		OWNER SEWER RENTER WATER	\$0 \$50	\$50 \$100	
	Same Day Service: \$50	OWNER WATER	\$0	\$50	
Coday's Date	Set Up Fee All Accounts \$15		APPROVED CREI	DIT DENIED CREDIT	
10/8/2024	C-4 II. F All A4- 015	DEPOSITS (refu	DEPOSITS (refunded to applicant only)		

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