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

Todov's Data 10/28/2024 Sat		DEPOSITS (refunded to applicant only)		
Today's Date Set	Up Fee All Accounts \$15		APPROVED CREI	DIT DENIED CREDIT
	Same Day Service: \$50	OWNER WATER	\$0	\$50
		OWNER SEWER	\$0	\$50
Date Service Requested Will Call This agreement is a formal request for Harnett Regional Water (HR		RENTER WATER	\$50	\$100
		RENTER SEWER	\$50	\$100
k Sewer Ordinance and all relevant depart	arnett Regional Water (HR artmental policies, to provide	w), through normal de water and /or sew	procedures and in ac er service connection	cordance with the HRW is at the following location
Service Address: 61 Windchime Court/L	ot 193 Serenity			
Owner_X Renter(PROPER	TY OWNER & PHONE NO.)	Garman Homes-Harriso	n Baucom 910-322-6356	
Applicant Email Addresslindseyg@g	armanhomes.com			
APPLICANT		CO-APPLICANT		
NAME (FIRST, LAST) Garman Homes	NAME (FIRST, LAST)			
MAILING ADDRESS: 4000 Paramount Pkwy, Suite 250) Morrisville, NC 27560			
SOCIAL SECURITY # OR TIN LICENSE #62939	CONTACT PHONE # 910-322-6356	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 ADDRE	ss	PHONE #
PREVIOUS ADDRESS		PREVIOUS ADDRESS		
the undersigned, do agree to abide by Sewer Ordinance. Should I fail to make ight to disconnect my service without fur \$40 reconnect fee. Any fees resulting and final bills are prorated based on the result be refunded. Deposits and/or credit monthly bill regardless of whether wat REGIONAL WATER IS NOT RESINGUED TO WATER IS NOT RESINGUED TO WATER STORY OF STORY	e all payments on time whe orther notice. In order for se from court action to collect number of days in the servicibalances are refunded in the ter and/or sewer is being up PONSIBLE FOR WATE as sure all valves & faucet at least 18 years of age.	en due as stated on the ervice to be restored, at on an account will be period. FINAL Be applicant's name of used as long as the set of the experiod of the ex	he WATER/SEWER I will be required to be the responsibility ILLS with a credit be only. Property owne ervice is not turned LOSS. Please ensu- efore requesting was	bill, the department has pay ALL DUE amounts profession of the customer. All initial alance of less than \$3.00 vers will be responsible for off by request. HARNE are residence or facility ter service. By signing to
Account # Transferred From:		_ Date To Turn C	Off:	
ACCOUNT #: CID:	LID:	WATERSE	WERCREDIT	T: APPROVED / DENIE
Furn On: Unlock Only:				