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

T. 1. 2 D. 4 10/28/2024 C	II D A11 A	DEPOSITS (refunded to applicant only)		
Today's Date Set	et Up Fee All Accounts \$15		APPROVED CRE	EDIT DENIED CREDIT
	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 H & Sewer Ordinance and all relevant departments				
Service Address: 61 Windchime Court/L	ot 193 Serenity			
Owner X Renter (PROPER	TY OWNER & PHONE NO.) _	Garman Homes-Harriso	n Baucom 910-322-635	6
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 right to disconnect my service without further \$40 reconnect fee. Any fees resulting and final bills are prorated based on the report of the refunded. Deposits and/or credit monthly bill regardless of whether was REGIONAL WATER IS NOT RESINGTED TO THE STORY OF THE S	e all payments on time who rther notice. In order for so from court action to collect number of days in the service balances are refunded in the rand/or sewer is being up PONSIBLE FOR WATE as sure all valves & fauced at least 18 years of age. for Garman	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 set of the experiment of t	he WATER/SEWEI I will be required to be the responsibilit ILLS with a credit b nly. Property own ervice is not turned LOSS. Please ens fore requesting wa	R bill, the department has the pay ALL DUE amounts plut by of the customer. All initial palance of less than \$3.00 winers will be responsible for a loff by request. HARNET sure residence or facility is atter service. By signing the
		_ Date To Turn Off:		
ACCOUNT #: CID:	LID:	WATERSE	WERCREDI	T: APPROVED / DEN

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