

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 <u>11/1/24</u> Set Up Fee All Accounts \$15 Same Day Service: \$50 Date Service Requested <u>Will Call</u> | DEPOSITS (refunded to applicant only) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">APPROVED CREDIT</th> <th style="width: 25%;">DENIED CREDIT</th> </tr> </thead> <tbody> <tr> <td>OWNER WATER</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$50</td> </tr> <tr> <td>OWNER SEWER</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$50</td> </tr> <tr> <td>RENTER WATER</td> <td style="text-align: center;">\$50</td> <td style="text-align: center;">\$100</td> </tr> <tr> <td>RENTER SEWER</td> <td style="text-align: center;">\$50</td> <td style="text-align: center;">\$100</td> </tr> </tbody> </table> | | APPROVED CREDIT | DENIED CREDIT | OWNER WATER | \$0 | \$50 | OWNER SEWER | \$0 | \$50 | RENTER WATER | \$50 | \$100 | RENTER SEWER | \$50 | \$100 |
|---|--|---------------|-----------------|---------------|-------------|-----|------|-------------|-----|------|--------------|------|-------|--------------|------|-------|
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| OWNER WATER | \$0 | \$50 | | | | | | | | | | | | | | |
| OWNER SEWER | \$0 | \$50 | | | | | | | | | | | | | | |
| RENTER WATER | \$50 | \$100 | | | | | | | | | | | | | | |
| RENTER SEWER | \$50 | \$100 | | | | | | | | | | | | | | |

This agreement is a formal request for Harnett Regional Water (HRW), through normal procedures and in accordance with the HRW Water & Sewer Ordinance and all relevant departmental policies, to provide water and /or sewer service connections at the following location:

Service Address: 93 Fair Child Road Lot 29

Owner Renter _____ (PROPERTY OWNER & PHONE NO.) D.R. Horton Inc. 984-327-8357

Applicant Email Address jnupchurch@drhorton.com

| APPLICANT | | CO-APPLICANT | |
|---|--|------------------------------|-----------------|
| NAME (FIRST, LAST) <u>D.R. Horton Inc.</u> | | NAME (FIRST, LAST) | |
| MAILING ADDRESS: <u>2000 Aerial Center Pkwy Ste. 110-A Morrisville, NC 27560</u> | | | |
| SOCIAL SECURITY # OR TIN <u>75-2386963</u> | CONTACT PHONE # <u>984-327-8357</u> | 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 | PHONE # |
| PREVIOUS ADDRESS | | PREVIOUS ADDRESS | |

I, the undersigned, do agree to abide by all rules, regulations and policies of Harnett Regional Water as outlined in the HRW Water and Sewer Ordinance. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my service without further notice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$40 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. All initial and final bills are prorated based on the number of days in the service period. FINAL BILLS with a credit balance of less than \$3.00 will not be refunded. Deposits and/or credit balances are refunded in the applicant's name only. **Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used as long as the service is not turned off by request. HARNETT REGIONAL WATER IS NOT RESPONSIBLE FOR WATER DAMAGE OR LOSS. Please ensure residence or facility is prepared for water connection. Make sure all valves & faucets are turned off before requesting water service.** By signing this application, you are agreeing that you are at least 18 years of age.

Customer Signature Jennifer Upchurch

FOR OFFICE USE ONLY

FEES: Set-Up Fee \$15 Deposit \$ _____ Same Day \$50 Meter Fee \$325 Damage \$ _____ Other \$ _____

Account # Transferred From: _____ **Date To Turn Off:** _____

ACCOUNT #: CID: _____ LID: _____ WATER _____ SEWER _____ CREDIT: APPROVED / DENIED

Turn On: _____ **Unlock Only:** _____ **Read Only:** _____ **Install:** _____ **Customer Serv Rep:** _____