## **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

m 11 -2 m - 2 U			DEPOSITS (refunded to applicant only)			
Today's Date 11 - 20 - 24	Set Up Fee All Accounts \$15		APPROVED CRE		EDIT DENIED CREDIT	
	Same	Day Service: \$50	OWNER WATER	\$0		\$50
ASAB	Sume	Duy ber neer geo	OWNER SEWER	\$0		\$50
Date Service Requested ASAP	_		RENTER WATER	\$50		\$100
			RENTER SEWER	\$50		\$100
This agreement is a formal request for & Sewer Ordinance and all relevant d	lepartme	ental policies, to provid	le water and /or sewe	er service connection		
Service Address: 87 Onalou						
Owner_X Renter (PROF				rs 910-	436-3	3131
Applicant Email Address_WELLCO	.ADMI	N@WSWELLONSRE	EALTY.COM			
APPLICANT			CO-APPLICANT			
NAME (FIRST, LAST) Wellco Contractors Inc			NAME (FIRST, LAST)			
MAILING ADDRESS: PO Box 766, Spring Lake, NC 2	28390					
SOCIAL SECURITY # OR TIN CONTACT PHONE #			SOCIAL SECURITY # OR TIN CONTACT PHONE #			ACT PHONE #
56-0987619	9	10-436-3131				
DRIVER'S LICENSE # AND STATE	DA	TE OF BIRTH	DRIVER'S LICENSE	ENSE # AND STATE		OF BIRTH
EMPLOYER NAME			EMPLOYER NAME			
EMPLOYER ADDRESS	EMPLOYER ADDRESS		EMPLOYER ADDRESS		PHONE #	
PREVIOUS ADDRESS			PREVIOUS ADDRESS			
I, the undersigned, do agree to abide Sewer Ordinance. Should I fail to me right to disconnect my service without a \$40 reconnect fee. Any fees resulting and final bills are prorated based on the not be refunded. Deposits and/or creamonthly bill regardless of whether wwater is not responsible to connection. Make sure all valves agreeing that you are at least 18 years Customer Signature	ake all p t further ing from ne numb dit balan water ar FOR W & fauce of age.	payments on time whe notice. In order for se a court action to collecter of days in the service are refunded in the nd/or sewer is being us ATER DAMAGE OF the are turned off before the service of the s	n due as stated on the rvice to be restored, it on an account will be period. FINAL BI applicant's name or sed, until the proper R LOSS. Please ensore requesting water	te WATER/SEWE I will be required to be the responsibili- ILLS with a credit lady. Property own rty is sold or rente- ure residence or fer service. By sig	R bill, to pay A ty of the balance ners wied. HA facility ming the	the department has the LL DUE amounts plus e customer. All initial of less than \$3.00 will ll be responsible for a RNETT REGIONAL is prepared for water his application, you are
Customer Signature FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit						
Account # Transferred From:						
ACCOUNT #: CID:	L	ID:	WATERSEV	WERCREDI	T: AP	PROVED / DENIED
Turn On:Unlock Only:	R	ead Only:Insta	all: Cust	omer Serv Rep: _		