## **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

		DEPOSITS (refunded to applicant only)		
Today's Date <u>11/26/24</u> S	Set Up Fee All Accounts \$15	APPROVED CREDIT		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 & Sewer Ordinance and all relevant described Address: 36 Serene Crossin	epartmental policies, to provide			
		Tri Pointe Home	s Holdings LL	_C / 919-300-4901
Applicant Email Address Raleighpe	· <del>-</del>	s.com	<del></del>	
APPLICANT		CO-APPLICANT		
NAME (FIRST, LAST)	NAME (FIRST, LAST)			
Tri Pointe Homes Holdings LL				
MAILING ADDRESS:				
5440 Wade Park Blvd, Raleigh	n, NC, 27607			
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECURITY # OR TIN		CONTACT PHONE #
TIN: 27-3201111	631-905-1999			
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE		DATE OF BIRTH
EMPLOYER NAME		EMPLOYER NAME		
Tri Pointe Homes Holdings LLC				
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRES	SS	PHONE #
5440 Wade Park Blvd - Suite 400, Raleigh, N	NC 27607 919-300-4901			
PREVIOUS ADDRESS		PREVIOUS ADDRESS		
I, the undersigned, do agree to abide to Sewer Ordinance. Should I fail to maright 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 were refunded. WATER IS NOT REPORTED TO THE PROPORTED TO THE STATE OF THE S	ake all payments on time where further notice. In order for some further notice. In order for some firm court action to collect the number of days in the service lit balances are refunded in the water and/or sewer is being upon a sewer all valves & faucet are at least 18 years of age  Same Day \$	en due as stated on the ervice to be restored, et on an account will be period. FINAL BI e applicant's name or used as long as the se R DAMAGE OR Its are turned off before the same of th	the WATER/SEWI I will be required to be the responsibil LLS with a credit only. Property ow rvice is not turned LOSS. Please en fore requesting w	ER bill, the department has to pay ALL DUE amounts plaity of the customer. All init balance of less than \$3.00 were swill be responsible for ed off by request. HARNET nsure residence or facility vater service. By signing the significant of the control of the co
ACCOUNT #: CID:	LID:	_ WATERSEV	WERCRED	II: APPKOVED / DENIE

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