## **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

Same Day Service: \$50  Date Service Requested	Today's Date 11.26.24 S	Cot Up Coo All Assessed 617	DEPOSITS (refunded to applicant only)			
Date Service Requested  Date Service Requested  Date Service Requested  Date Service Requested  RENTER WATER  S0  S100  RENTER SEWER  S0  RENTER SEWER  S0  S100  RENTER SEWER  S0  RENTER And or sewer is being sewer be sewer service errich EPICAL SEWER  SO  RENTER SEWER  S0  RENTER SEWER  S0  RENTER And or sewer is sewer being sewer be	roday's Date	Set Up Fee All Accounts \$15		APPROVED CREI	DIT DENIED CREDIT	
Date Service Requested   OWNER SEWER   \$0   \$50   RENTITE MATER   \$50   \$100   RENTER SEWER   \$100   RENTER SEWER		Same Day Service: \$50	OWNER WATER	\$0	\$50	
RENTER SEWER \$50 \$100  This agreement is a formal request for Harnett Regional Water (HRW), through normal procedures and in accordance with the HRW & Sewer Ordinance and all relevant departmental policies, to provide water and /or sewer service connections at the following location    Service Address: 310 Travelers Way  Owner_X_Renter(PROPERTY OWNER & PHONE NO.)  Applicant Email Address Permitting@ascotgrp.com  APPLICANT  NAME (FIRST, LAST)  The Ascot Corporation 910-688-7361  NAME (FIRST, LAST)  NAME (FIRST, LAST)  The Ascot Corporation, LLC  MAILING ADDRESS:  PO BOX 1872, Southern Pines NC 28388  SOCIAL SECURITY # OR TIN CONTACT PHONE # SOCIAL SECURITY # OR TIN CONTACT PHONE # 27-4165229  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 #  EMPLOYER ADDRESS PHONE #		•		·	1111	
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The Ascot Corporation 910-688-7361  APPLICANT  APPLICANT  CO-APPLICANT  NAME (FIRST, LAST)  The Ascot Corporation, LLC  MAILING ADDRESS:  PO BOX 1872, Southern Pines NC 28388  SOCIAL SECURITY # OR TIN  CONTACT PHONE #  SOCIAL SECURITY # OR TIN  CONTACT PHONE #  SOCIAL SECURITY # OR TIN  CONTACT PHONE #  DATE OF BIRTH  DRIVER'S LICENSE # AND STATE  DATE OF BIRTH  EMPLOYER NAME  EMPLOYER NAME  EMPLOYER ADDRESS  PHONE #  EMPLOYER ADDRESS  PREVIOUS ADRESS  PREVIOUS ADDRESS  PREVIOUS ADDRESS  PREVIOUS ADDRESS  PREVI	& Sewer Ordinance and all relevant de	epartmental policies, to provide				
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