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

10/20/24		DEPOSITS (re	DEPOSITS (refunded to applicant only)		
Today's Date Set	t Up Fee All Accounts \$15	APPROVED CREDIT DENIED CREDIT			
G	ama Day Carriage \$50	OWNER WATER	\$0	\$50	
2	ame Day Service: \$50	OWNER SEWER	\$0	\$50	
Date Service Requested Will Call		RENTER WATER	\$50	\$100	
Date Service Requested		RENTER SEWER	\$50	\$100	
his agreement is a formal request for Hat Sewer Ordinance and all relevant departments Address: 132 Paper Birch	rtmental policies, to provid Way Lot 138	le water and /or sew	er service connection	ons at the following location	
Owner_XRenter(PROPERT).R. Horton Inc.	984-327-8357		
Applicant Email Address jnupchurch(<u>warnorton.com</u>				
APPLICANT		CO-APPLICANT			
NAME (FIRST, LAST)	NAME (FIRST, LAST)				
D.R. Horton Inc.					
MAILING ADDRESS:					
2000 Aerial Center Pkwy Ste.	110-A Morrisville, No	C 27560			
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECURITY # OR TIN CONTACT PHO		CONTACT PHONE #	
75-2386963	984-327-8357				
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			
the undersigned, do agree to abide by a sewer Ordinance. Should I fail to make ight to disconnect my service without fur. \$40 reconnect fee. Any fees resulting and final bills are prorated based on the number of the refunded. Deposits and/or credit be nonthly bill regardless of whether water REGIONAL WATER IS NOT RESPORTED TO WATER IS NOT RESPONDENT.	all payments on time when ther notice. In order for set from court action to collect umber of days in the service palances are refunded in the er and/or sewer is being upon to the sure all valves & faucet at least 18 years of age.	en due as stated on the ervice to be restored, at on an account will be period. FINAL But applicant's name of sed as long as the set of the experiod of the set of the experiod of the experio	he WATER/SEWE I will be required to be the responsibilities. ILLS with a credit beinly. Property own ervice is not turned LOSS. Please endefore requesting was	R bill, the department has the pay ALL DUE amounts play of the customer. All initional palance of less than \$3.00 whers will be responsible for a loff by request. HARNET sure residence or facility pater service. By signing the	
FEES: Set-Up Fee \$15Deposit \$ Account # Transferred From:	-		_		
Account # Transferred From: Date To Turn Off: ACCOUNT #: CID: LID: WATERSEWERCREDIT: APPROVED / DENIE					
ACCOUNT #: CID:	LID:	WATERSE	WERCRED	T: APPROVED / DENIE	

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