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 12/18/24 Set | TT TO 441.4 | DEPOSITS (refunded to applicant only) | | |
|---|--|--|---|---|
| | et Up Fee All Accounts \$15 | | APPROVED CRE | DIT DENIED CREDIT |
| ! | Same Day Service: \$50 | OWNER WATER | \$0 | \$50 |
| | same Buy Service. 400 | OWNER SEWER | \$0 | \$50 |
| Date Service Requested Will Call | | RENTER WATER | \$50 | \$100 |
| | | RENTER SEWER | \$50 | \$100 |
| This agreement is a formal request for H | artmental policies, to provid | | | |
| ervice Address: 181 Fair Child R | | | | |
| Owner_X Renter(PROPER | |).R. Horton Inc. | 984-327-8357 | |
| pplicant Email Address jnupchurch | @drhorton.com | | | |
| APPLICANT | | CO-APPLICANT | | |
| NAME (FIRST, LAST) | | NAME (FIRST, LAST | ") | |
| D.R. Horton Inc. | | | | |
| MAILING ADDRESS: | | | | |
| 2000 Aerial Center Pkwy Ste. | 110-A Morrisville, N | C 27560 | | |
| SOCIAL SECURITY # OR TIN | CONTACT PHONE # | SOCIAL SECURITY # OR TIN CONTACT PHONE # | | |
| 75-2386963 | 984-327-8357 | | | |
| DRIVER'S LICENSE # AND STATE | DATE OF BIRTH | DRIVER'S LICENSE # AND STATE DATE OF BIRTH | | DATE OF BIRTH |
| EMPLOYER NAME | | EMPLOYER NAME | | |
| EMPLOYER ADDRESS | PHONE # | EMPLOYER ADDRES | SS | PHONE # |
| PREVIOUS ADDRESS | | PREVIOUS ADDRESS | | |
| the undersigned, do agree to abide by ewer Ordinance. Should I fail to make ght to disconnect my service without fu \$40 reconnect fee. Any fees resulting nd final bills are prorated based on the rot be refunded. Deposits and/or credit | e all payments on time whe urther notice. In order for se from court action to collect number of days in the service balances are refunded in the ter and/or sewer is being u | en due as stated on the ervice to be restored, et on an account will be period. FINAL Blue applicant's name of used as long as the set R DAMAGE OR 1 | ne WATER/SEWER I will be required to be the responsibility ILLS with a credit b ruly. Property own ervice is not turned LOSS. Please ens | R bill, the department has the pay ALL DUE amounts play of the customer. All initial alance of less than \$3.00 with the responsible for off by request. HARNET ure residence or facility |
| nonthly bill regardless of whether wat REGIONAL WATER IS NOT RESI repared for water connection. Make pplication, you are agreeing that you are Customer Signature | e sure all valves & faucet e at least 18 years of age. MNIFER UPCHUNCH | | | |
| repared for water connection. Make pplication, you are agreeing that you are Customer Signature Department of OFFICE USE ONLY | e sure all valves & faucet e at least 18 years of age. nnifer UpchurchSame Day \$ | 50Meter Fee \$. | 325Damage \$ | Other \$ |

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