## **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

12/27/24		DEPOSITS (ref	funded to applicant of	only)
Today's Date Se	et Up Fee All Accounts \$15	`	APPROVED CRE	• /
	Same Day Service: \$50	OWNER WATER	\$0	\$50
	banic Day Service. \$50	OWNER SEWER	\$0	\$50
Date Service Requested Will Call		RENTER WATER	\$50	\$100
This agreement is a formal request for I	Jamest Danienel Water (IID	RENTER SEWER	\$50	\$100
& Sewer Ordinance and all relevant dep				
Service Address: 120 Paper Birch	n Way Lot 139			
Owner_X Renter (PROPE		D.R. Horton Inc.	984-327-8357	
Applicant Email Address jnupchurch	n@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
EMPLOYER NAME		EMPLOYER NAME		
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRE	SS	PHONE #
PREVIOUS ADDRESS		PREVIOUS ADDRESS		
I, the undersigned, do agree to abide by Sewer Ordinance. Should I fail to make right to disconnect my service without fa \$40 reconnect fee. Any fees resulting and final bills are prorated based on the not be refunded. Deposits and/or credit monthly bill regardless of whether was REGIONAL WATER IS NOT RESPRESSIONAL W	te all payments on time whe further notice. In order for se g from court action to collect number of days in the service balances are refunded in the ster and/or sewer is being use PONSIBLE FOR WATE se sure all valves & faucet	en due as stated on the ervice to be restored, et on an account will be period. FINAL Be applicant's name of used as long as the set R DAMAGE OR	he WATER/SEWER I will be required to be the responsibility ILLS with a credit b only. Property own ervice is not turned LOSS. Please ens	R bill, the department has the pay ALL DUE amounts plut yof the customer. All initial alance of less than \$3.00 with the responsible for off by request. HARNET ure residence or facility in the payment of the payment is a supply that the payment is a supply that t
Customer Signature <u>Jek</u>	nifer Upchurch			
FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit \$_	•			
Account # Transferred From:		_ Date To Turn Off:		
ACCOUNT #: CID:				

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