## 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 L.D. is Required

Today's Date <u>3/14135</u> S	et Up Fee All Accounts \$15	DEPOSITS (refunded to applicant only)		
1000 S Date 0/1400			APPROVED CR	EDIT DENIED CREDIT
	Same Day Service: \$50	OWNER WATER	\$0	\$50
120		OWNER SEWER	\$0	\$50
Date Service Requested TBO		RENTER WATER	\$50	\$100
		RENTER SEWER	\$50	\$100
This agreement is a formal request for	Harnett Regional Water (HR	W), through normal p	procedures and in	accordance with the HRW Wa
& Sewer Ordinance and all relevant de				ons at the following location:
Service Address: <u>376 Che</u> (	Wath Drive	Angernc.	Ø750)	
Owner X Renter (PROPE	RTY OWNER & PHONE NO.)	LAT HOME	D - 419-	·5a0-8404
Applicant Email Address OUW	r. hudson @ 19	Womes, com	3	
APPLICANT		CO-APPLICANT		
NAME (FIRST, LAST) LGI HOMES		NAME (FIRST, LAST)		
MAILING ADDRESS: 1450 L	exc robbins (	or. Ste 430	The Word	IlandS TX 77880
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECURITY #	OR TIN	CONTACT PHONE #
46-3088013	919-520-8406			CONTACT PROME #
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE	# AND STATE	DATE OF BIRTH
EMPLOYER NAME LGIL HOMES		EMPLOYER NAME		
EMPLOYER ADDRESS	APLOYER ADDRESS PHONE #		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 I as \$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 wawATER IS NOT RESPONSIBLE FOR connection. Make sure all valves & agreeing that you are at least 18 years o	to all payments on time whe luther notice. In order for seg from court action to collect number of days in the service balances are refunded in the ster and/or sewer is being u DR WATER DAMAGE OF faucets are turned off before age.	n due as stated on the rvice to be restored, it on an account will be period. FINAL Ble applicant's name or sed, until the proper a LOSS. Please ensore requesting water	ne WATER/SEWI I will be required be the responsibil ILLS with a credit nly. Property ow rty is sold or rent	ER bill, the department has the to pay ALL DUE amounts pluity of the customer. All initial balance of less than \$3.00 with the same will be responsible for the than the things of the same and facility is proposed for the same and the same
Customer Signature FOR OFFICE USE ONLY FEETS: Set Un For \$15 Propert &				
FEES: Set-Up Fee \$15Deposit \$_ Account # Transferred From;				
ACCOUNT #: CID:				
Furn On: Unlock Only:				