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

T 1 - 2 D 4 4/15/05 C 41	II. F All A	DEPOSITS (refunded to applicant only)		
Today's Date <u>4/15/25</u> Set V	et Up Fee All Accounts \$15		APPROVED CREI	DIT DENIED CREDIT
S	ame Day Service: \$50	OWNER WATER	\$0	\$50
	·	OWNER SEWER	\$0	\$50
Date Service RequestedWILL CALL		RENTER WATER	\$50	\$100
This agreement is a formal request for Harnett Regional Water (HR		·		\$100
& Sewer Ordinance and all relevant depart Service Address:2968 DOCS R	tmental policies, to provide	de water and /or sewe		
Owner_XX Renter (PROPE			ONTRACTORS, IN	C 910-263-0276
Applicant Email AddressJASON@ APPLICANT	WSWELLONSREALTY		CO-APPLICAN	JT
AFFEICANT			CO-AFFEICAIN	V 1
NAME (FIRST, LAST) WELLCO CONTRACTORS, INC		NAME (FIRST, LAST)		
MAILING ADDRESS: P.O. BOX 766, SPRING LAKE, NC 28390				
SOCIAL SECURITY # OR TIN 56-0987619	CONTACT PHONE # 910-436-3131	SOCIAL SECURITY # OR TIN		CONTACT PHONE #
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE	# AND STATE I	DATE OF BIRTH
EMPLOYER NAME		EMPLOYER NAME		
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRES	SS	PHONE #
PREVIOUS ADDRESS		PREVIOUS ADDRESS		
I, the undersigned, do agree to abide by a Sewer Ordinance. Should I fail to make right to disconnect my service without fur a \$40 reconnect fee. Any fees resulting found final bills are prorated based on the most be refunded. Deposits and/or credit be monthly bill regardless of whether water REGIONAL WATER IS NOT RESPORTED TO WATER IS NOT RESPORTED TO WATER STORY AND ARE APPLICATION. WAS A STORY OF THE WATER STORY OF THE WATER STORY OF THE USE ONLY FEES: Set-Up Fee \$15_X_Deposit \$	all payments on time whether notice. In order for some court action to collect imber of days in the service alances are refunded in the rand/or sewer is being ut ONSIBLE FOR WATE sure all valves & fauced at least 18 years of age.	en due as stated on the ervice to be restored, et on an account will be period. FINAL Blee applicant's name of used as long as the sear DAMAGE OR Its are turned off be	ne WATER/SEWER I will be required to be the responsibility ILLS with a credit ba nly. Property owne ervice is not turned LOSS. Please ensu fore requesting war	bill, the department has the pay ALL DUE amounts pluy of the customer. All initial plance of less than \$3.00 will be responsible for a off by request. HARNET are residence or facility is ter service. By signing this
SEES: Set-Up Fee \$15_XDeposit \$_ Account # Transfe <u>rred Fro</u>			\$325 <u>X</u> Damage \$ se T <u>o Turn Off:</u>	
ACCOUNT #: CID:			WERCREDIT	Γ: APPROVED / DENIED
Turn On:Unlock Only:	Read Only:Inst	all: Cust	tomer Serv Rep:	