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

| | | DEPOSITS (re | funded to applicant | ouly) |
|---|--|---|--|--|
| Today's Date 4/4/25 Se | t Up Fee All Accounts \$15 | APPROVED CRE | | |
| Lonay 2 Date 11 1700 | | IOWNER WATER | SO | \$50 |
| | Same Day Service \$50 | OWNER SEWER | S0 | \$50 |
| | | RENTER WATER | \$50 | \$100 |
| Date Service Requested | | | 550 | \$100 |
| us agreement is a formal request for h | Jacuar Degional Water (HR | | procedures and m | accordance with the HRW |
| Sewer Ordinance and all relevant dep | e. Ridge | colony (| exingt | on 10+ 609 |
| V - VPB 0.PE | ORDER & DHONE NO) | KEAM FINDER | 73 HOMEO, E | |
| oplicant Email Address MACKE | nziewest@dre | eam finder | s homes. Co | omi |
| APPLICANT | | CO-APPLICANT | | |
| f 42 1 September New 7 37 V V | | NAME (FIRST LAST) | | |
| NAME (FRST LAST) | | NALVIE (FIRST LAS | - 1 | |
| DREAM FINDERS HOMES, | LLC | | | |
| MAILING ADDRESS 14701 Philips Hwy, Ste 300 | | 56 | | |
| SOCIAL SECURITY = OR TIN | CONTACT PHONE = | SOCIAL SECURITY = OR TIN | | CONTACT PHONE = |
| | 910486-4864-2142 | | | DATE OF BRITH |
| DRIVER S LICENSE = AND STATE | DATE OF BIRTH | | | BALE OF SELLI |
| EMPLOYER NAME | | EMPLOYER NAME | | |
| | | 12000 | 7.5.2 | PHONE = |
| EVPLOYER ADDRESS | PHONE = | EMPLOYER ADDRI | = | |
| PREVIOUS ADDRESS | | PREVIOUS ADDRESS | | |
| the undersigned, do agree to abide by twer Ordinance—Should I fail to make the disconnect my service without if \$40 reconnect fee. Any fees resulting the final bills are prorated based on the or be refunded. Deposits and or credit on the bill regardless of whether with ATER IS NOT RESPONSIBLE Fronnection. Make sure all valves & treeing that you are at least 18 years of the sure of the su | further notice. In order for significant to colle grow court action to colle number of days in the service balances are refunded in that it after and/or sewer is being OR WATER DAMAGE Consucets are turned off being | ervice to be restored ct on an account will ce period. FINAL for applicant's name used, until the proport LOSS. Please enforce requesting was | I will be required it be the responsible it is service. By service, By service | to pay ALL OCL amounts for your the customer. All must balance of less than \$3.00 vners will be responsible for ted. HARNETT REGION of facility is prepared for war |
| h à | MUKENIKU 1100 | 7 IVIV | | |
| ustamor Signature M | U | | | |
| ustomer Signature M | Same Day | S50 Vieter ree | 5325 Damage | S Other 3 |
| ustomer Signature M DR OFFICE USE ONLY EES: Set Up Fee \$15 Deposit \$ | Same Day | S50 Vieter ree Date To Turo | 011 | |
| ustamor Signature M | Same Day | Date To Turn WATERS | ONCRE | DIT APPROVED DENT |