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

MAILING ADDRESS 14701 Philips Hwy. Ste 300 Jacksonville Fla 32256 SOCIAL SECURITY = OR TIN		VALIDITIO			[,=)
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the undersigned, do agree to abide by all rules, regulations and policies of Harnert Regional Water as outlined in the HRW Water with the undersigned, do agree to abide by all rules, regulations and policies of Harnert Regional Water as outlined in the HRW Water with the undersigned of the WATER SEWER bill, the department has the officering of the customer of the water and the service without further notice. In order for service to be restored. I will be required to pay ALL DUE amounts that to disconnect the service without further notice. In order for service to be restored. I will be required to pay ALL DUE amounts that the service without further notice in order for service to be restored. I will be required to pay ALL DUE amounts and office connect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. All in \$40 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. All in \$40 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. All in \$40 reconnect fees and on the number of days in the service period. FNAL BILLS with a credit balance of less than \$40 reconnect fees for some only. Property owners will be responsible for the responsible for rented. HARNETT REGIONAL ATTENDED AND RESPONSIBLE FOR WATER DAMAGE OR LOSS. Please ensure residence or facility is prepared for which are requesting water service. By signing this application, you make sure all valves & faucets are turned off before requesting water service. By signing this application, you make the responsible for	EVPLOYER ADDRESS	PHONE =	EMPLOYER ADDRE	\$3	PHONE =
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