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 (refunded to applicant only)		
Today's Date Se	t Up Fee All Accounts \$15		APPROVED CREI	DIT DENIED CREDIT
	Same Day Service: \$50	OWNER WATER	\$0	\$50
	·	OWNER SEWER	\$0	\$50
Date Service Requested		RENTER WATER RENTER SEWER	\$50 \$50	\$100 \$100
This agreement is a formal request for F & Sewer Ordinance and all relevant dep Service Address: <u>49 Cozy Haven</u>	partmental policies, to provide	de water and /or sew	er service connection	
Owner_X Renter (PROPER	RTY OWNER & PHONE NO.) _	Weekley Home	s LLC / 919.659	9.1505
Applicant Email Address	_			·—
APPLICANT		CO-APPLICANT		
NAME (FIRST, LAST)		NAME (FIRST, LAST)		
Weekley Homes LLC				
MAILING ADDRESS:				
1901 N. Harrison Ave., Suite	200, Cary NC 27513			
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECURITY # OR TIN		CONTACT PHONE #
76-0519106	919.659.1505			
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 mak 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 wawATER IS NOT RESPONSIBLE FOR CONNECTION. Make sure all valves & agreeing that you are at least 18 years of Customer Signature ROFOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit \$_Account # Transferred From:	te all payments on time when the urther notice. In order for set of from court action to collect number of days in the service balances are refunded in the ster and/or sewer is being up DR WATER DAMAGE Of faucets are turned off before age. Same Day \$	en due as stated on the ervice to be restored, et on an account will be period. FINAL Be applicant's name of eased, until the proper R LOSS. Please ensore requesting wat	ne WATER/SEWER I will be required to be the responsibility ILLS with a credit be refully. Property owne orty is sold or rented sure residence or fa er service. By sign	bill, the department has to pay ALL DUE amounts play of the customer. All initial and of less than \$3.00 wers will be responsible for the customer. HARNETT REGIONAL Cility is prepared for wating this application, you and the customer of t
ACCOUNT #: CID:	LID:	WATERSE	WERCREDIT	T: APPROVED / DENIE

Turn On:_____Unlock Only:_____Read Only:____Install:_____ Customer Serv Rep: ___