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

5/1/25		DEPOSITS (refunded to applicant only)		
Today's Date Set	Up Fee All Accounts \$15		APPROVED CRE	DIT DENIED CREDIT
	Same Day Service: \$50	OWNER WATER	\$0	\$50
	Junic Day Bervice. \$50	OWNER SEWER	\$0	\$50
Date Service Requested Will Call		RENTER WATER	\$50	\$100
		RENTER SEWER	\$50	\$100
This agreement is a formal request for H	artmental policies, to provide			
ervice Address: 209 Gilmer Stree		ND Hawton Inc.	004 207 0257	
Owner X Renter (PROPER		J.K. HORION INC.	984-327-8357	
Applicant Email Address jnupchurch	@drhorton.com			
APPLICANT		CO-APPLICANT		
NAME (FIRST, LAST)		NAME (FIRST, LAST)		
D.R. Horton Inc.				
MAILING ADDRESS:				
2000 Aerial Center Pkwy Ste.	110-A Morrisville, N	C 27560		
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECURITY # OR TIN CONTACT PHONE #		
75-2386963	984-327-8357			
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		
the undersigned, do agree to abide by ewer Ordinance. Should I fail to make ght to disconnect my service without fu \$40 reconnect fee. Any fees resulting nd final bills are prorated based on the rot be refunded. Deposits and/or credit nonthly bill regardless of whether wat EEGIONAL WATER IS NOT RESI repared for water connection. Make pplication, you are agreeing that you are	e all payments on time when rther notice. In order for section court action to collect from court action to collect number of days in the service balances are refunded in the rer and/or sewer is being up PONSIBLE FOR WATE the sure all valves & faucet at least 18 years of age.	en due as stated on the ervice to be restored, at on an account will be period. FINAL Be applicant's name of used as long as the ser DAMAGE OR is are turned off be	the WATER/SEWER I will be required to be the responsibility ILLS with a credit by the property own pervice is not turned LOSS. Please ensured fore requesting was	R bill, the department has the pay ALL DUE amounts plut by of the customer. All initial palance of less than \$3.00 with the responsible for the off by request. HARNET cure residence or facility inter service. By signing the
Customer Signature <u>Jenn</u> FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit \$_	·			
Account # Transferred From:	Date To Turn Off:			
ACCOUNT #: CID:				

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