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 <u>5/1/25</u> Set	Up Fee All Accounts \$15		APPROVED CRE	DIT DENIED CREDIT
2	ame Day Service: \$50	OWNER WATER	\$0	\$50
	unic Day Scrvice. \$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 Hack Sewer Ordinance and all relevant departments Address: 374 Delmoor Drivers	rtmental policies, to providue Lot 83	le water and /or sew	er service connection	
Owner_X Renter(PROPERT Applicant Email Address jnupchurch(P.K. HORTON INC.	984-327-8357	
Applicant Email Address Jiuperiuren	<u>garriortori.com</u>			
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		
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 a and final bills are prorated based on the mot be refunded. Deposits and/or credit be monthly bill regardless of whether water REGIONAL WATER IS NOT RESPORTED TO THE STORY WATER IS NOT RES	all payments on time whe ther notice. In order for se from court action to collec- umber of days in the servic- alances are refunded in the er and/or sewer is being u ONSIBLE FOR WATE sure all valves & faucet at least 18 years of age.	n due as stated on the rivice to be restored, to an account will be period. FINAL Be applicant's name of sed as long as the ser DAMAGE OR	ne WATER/SEWER I will be required to be the responsibility ILLS with a credit b nly. Property own ervice is not turned LOSS. Please ens fore requesting wa	R bill, the department has to pay ALL DUE amounts play of the customer. All initivalence of less than \$3.00 wers will be responsible for off by request. HARNET cure residence or facility after service. By signing the
FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit \$	Same Day \$	50Meter Fee \$	325Damage \$	Other \$
Account # Transferred From:		_ Date To Turn C	Off:	
ACCOUNT #: CID:	LID:	WATERSE	WERCREDI	T: APPROVED / DENIE

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