## **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 (ref	funded to applicant o	DEPOSITS (refunded to applicant only)		
Today's Date	Set Up Fee All Accounts \$15	APPROVED CREDIT DENIED CREDIT				
	Same Day Service: \$50	OWNER WATER	\$0	\$50		
		OWNER SEWER	\$0	\$50		
Date Service Requested		RENTER WATER	\$50	\$100		
This agreement is a formal request for	or Harnett Regional Water (HR	RENTER SEWER	procedures and in ac	scordance with the HRW V		
& Sewer Ordinance and all relevant of						
Service Address: <u>62 Restful Pc</u>	oint, Fuquay-Varina, NC	27526				
Owner_X Renter(PRO	PERTY OWNER & PHONE NO.) _	Weekley Home	es 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., Suit	te 200, Cary NC 27513					
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECURITY # OR TIN CON		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 ADDRES	SS			
I, the undersigned, do agree to abide Sewer Ordinance. Should I fail to mright to disconnect my service without a \$40 reconnect fee. Any fees result and final bills are prorated based on the not be refunded. Deposits and/or cremonthly bill regardless of whether WATER IS NOT RESPONSIBLE connection. Make sure all valves agreeing that you are at least 18 years.	nake all payments on time who at further notice. In order for so ing from court action to collect the number of days in the servi- edit balances are refunded in the water and/or sewer is being u FOR WATER DAMAGE O & faucets are turned off bet s of age.	en due as stated on the ervice to be restored, et on an account will ce period. FINAL But applicant's name of used, until the proper R LOSS. Please enfore requesting wat	he WATER/SEWER I will be required to be the responsibility ILLS with a credit be only. Property owne erty 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 alance of less than \$3.00 wers will be responsible for the cultivation of the culti		
Customer Signature for office use only	Robin Caparell					
FEES: Set-Up Fee \$15Deposit	\$Same Day \$	850Meter Fee \$	325Damage \$	Other \$		
Account # Transferred From:	Account # Transferred From:			_ Date To Turn Off:		
ACCOUNT #: CID:	LID;	_ WAIEKSE	WEKCKEDI	I; APPKUVED / DENIE.		

Turn On:\_\_\_\_\_Unlock Only:\_\_\_\_\_Read Only:\_\_\_\_Install:\_\_\_\_\_ Customer Serv Rep: \_\_\_\_\_