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 (ret	funded to applicant	only)
Today's Date <u>5.5.25</u> S	Set Up Fee All Accounts \$15	APPROVED CREDIT DENIED CREDIT		
	a	OWNER WATER	\$0	\$50
	Same Day Service: \$50	OWNER WATER OWNER SEWER	\$0	\$50
Date Service Requested Will Call		RENTER WATER	\$50	\$100
Date Service Requested		RENTER SEWER	\$50	\$100
his agreement is a formal request for a Sewer Ordinance and all relevant determined the service Address: 371 Delmoor D	partmental policies, to provide rive Lot 87	de water and /or sew	er service connectio	ons at the following location
Owner_X Renter(PROPE).R. Horton Inc.	984-327-8357	
Applicant Email Address jnupchurc			40 400 744	
APPLICAN'	CO-APPLICANT			
NAME (FIRST, LAST) D.R. Horton Inc.	NAME (FIRST, LAST)			
MAILING ADDRESS:				
2000 Aerial Center Pkwy Ste	e. 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 ADDRESS		PHONE #
PREVIOUS ADDRESS		PREVIOUS ADDRESS		
the undersigned, do agree to abide by sewer Ordinance. Should I fail to make ight to disconnect my service without a \$40 reconnect fee. Any fees resulting the final bills are prorated based on the total be refunded. Deposits and/or credinanthly bill regardless of whether we regional water connection. May pplication, you are agreeing that you a constitution of the conference of the confer	ke all payments on time whe further notice. In order for seg from court action to collect number of days in the service to balances are refunded in the later and/or sewer is being us SPONSIBLE FOR WATE ke sure all valves & faucet are at least 18 years of age.	en due as stated on the revice to be restored, at on an account will be period. FINAL Be applicant's name of used as long as the set of DAMAGE OR as are turned off be	he WATER/SEWEI I will be required to be the responsibility. ILLS with a credit bonly. Property own ervice is not turned LOSS. Please ensembles of the requesting was	R bill, the department has the pay ALL DUE amounts play of the customer. All initional palance of less than \$3.00 whers will be responsible for all off by request. HARNET sure residence or facility
FEES: Set-Up Fee \$15Deposit \$	•			
		Date To Turn Off:		
.CCOUNT #: CID:	LID:	WATERSE	WERCREDI	T: APPROVED / DENIE

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