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 | inded to applicant | t onlyn | |
|---|--|--|--|---|---|
| Today's Date 5.8.35 Set Up Fee All Accounts \$15 | | DEPOSITS (refunded to applicant only) APPROVED CREDIT DENIED CREDIT | | | |
| | | OWNER WATER | SO SO | 11711 | S50 |
| Same Day Ser | rvice: \$50 | OWNER WATER | SO | | \$50 |
| Date Service Requested Will Call | | RENTER WATER | \$50 | | \$100 |
| • | | RENTER SEWER \$50 | | \$100 | |
| his agreement is a formal request for Harnett Region & Sewer Ordinance and all relevant departmental poli Service Address: 130 Benwin | icies. 10 provide | water and or sewe | er service connecti | ions at t | the following location |
| ownerX Renter(PROPERTY OWNER & | PHONE NO) DI | REAM FINDER | RS HOMES, L | LC | |
| Applicant Email Addresstamaragreen@drea | mfindersho | | | | |
| APPLICANT | | CO-APPLICANT | | | |
| NAME (FIRST, LAST) | NAME (FIRST, LAST) | | | | |
| DREAM FINDERS HOMES, LLC | | | | | |
| MAILING ADDRESS: 14701 Philips Hwy, Ste 300 Jacksonvi | lle Fla 3225 | 6 | | | |
| SOCIAL SECURITY = OR TIN CONTACT P 910486-4 | HONE = 1864-21423 | SOCIAL SECURITY = OR TIN B | | CONTACT PHONE = | |
| DRIVER S LICENSE = AND STATE DATE OF BE | RTH | DRIVER'S LICENSE = AND STATE | | DATE OF BIRTH | |
| EMPLOYER NAME | | EMPLOYER NAME | | | |
| EMPLOYER ADDRESS PHONE | := | EMPLOYER ADDRE | SS | PHO | DNE = |
| PREVIOUS ADDRESS | PREVIOUS ADDRESS | | | | |
| the undersigned, do agree to abide by all rules, registerer Ordinance. Should I fail to make all payment right to disconnect my service without further notice. S40 reconnect fee. Any fees resulting from court and final bills are prorated based on the number of day not be refunded. Deposits and or credit balances are nonthly bill regardless of whether water and/or servater IS NOT RESPONSIBLE FOR WATER IS nonnection. Make sure all valves & faucets are to greeing that you are at least 18 years of age. Customer Signature Customer Signature Customer Signature Customer Signature Customer Signature Customer Signature Deposit S Deposit S | s on time when In order for ser ction to collect ys in the service refunded in the wer is being us DAMAGE OR urned off before My Great Collect | n due as stated on the revice to be restored. on an account will be period. FINAL Be applicant's name of the property of the p | he WATER/SEWI I will be required be the responsibil ILLS with a credit only. Property ow erty is sold or rent sure residence or er service. By si | ER bill. to pay A lity of the tablance vners w ted. Ha facility gning t | the department has ALL DUE amounts pare customer. All inition of less than \$3.00 vill be responsible for ARNETT REGION is prepared for walkis application, you |
| Account # Transferred From: | | | | | |
| ACCOUNT #: CID:LID: | | | | | |
| Furn On: Unlock Only:Read Oul | ly:Insta | ll:Cus | tomer Serv Rep: | | |