## **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 (refunded to applicant only)   |  |   |
|---|--|---|--|---|
| Today's Date Se   | et Up Fee All Accounts \$15  |   | APPROVED CREI  | DIT DENIED CREDIT   |
|   | Same Day Service: \$50   | OWNER WATER   | \$0  | \$50  |
|   |  | OWNER SEWER   | \$0  | \$50  |
| Date Service Requested  |  | RENTER WATER RENTER SEWER   | \$50<br>\$50   | \$100<br>\$100  |
| This agreement is a formal request for law Sewer Ordinance and all relevant depositions.  Service Address: 1015 Serenity Versions.  | partmental policies, to provide  | de water and /or sew  | er service connection  |   |
| Owner_XRenter(PROPE   | RTY OWNER & PHONE NO.) _   | Weekley Home  | s LLC / 919.659  | 9.1505  |
| Applicant Email Address   |  |   |  | ·   |
| APPLICANT   |  | CO-APPLICANT  |  |   |
| NAME (FIRST, LAST)  |  | NAME (FIRST, LAST   | ")   |   |
| Weekley Homes LLC   |  |   |  |   |
| MAILING ADDRESS:  | 200 Com/NC 27542   |   |  |   |
| 1901 N. Harrison Ave., Suite social security # or tin   | CONTACT PHONE #  | SOCIAL SECURITY :   | # OR TIN   | CONTACT PHONE #   |
| 76-0519106  | 919.659.1505   | GOVINGI I HOVE  |  |   |
| DRIVER'S LICENSE # AND STATE  | DATE OF BIRTH  | DRIVER'S LICENSE # AND STATE  |  | DATE OF BIRTH   |
| BRIVER & EIGENSE WILLS STITE  | Divid of Bakin   | DRIVER S LICENSE # AND STATE  |  | SALL OF BIKIN   |
| EMPLOYER NAME   |  | EMPLOYER NAME   |  |   |
| EMPLOYER ADDRESS  | PHONE #  | EMPLOYER ADDRE  | SS   | PHONE #   |
| PREVIOUS ADDRESS  |  | PREVIOUS ADDRESS  |  |   |
| I, the undersigned, do agree to abide by Sewer Ordinance. Should I fail to make right to disconnect my service without far \$40 reconnect fee. Any fees resulting and final bills are prorated based on the mot be refunded. Deposits and/or credit monthly bill regardless of whether was WATER IS NOT RESPONSIBLE FOR Connection. Make sure all valves & agreeing that you are at least 18 years of the connection of t | see all payments on time wherefurther notice. In order for see g from court action to collect number of days in the service to balances are refunded in the stater and/or sewer is being ut OR WATER DAMAGE OF faucets are turned off before age.  Same Day \$ | en due as stated on the ervice to be restored, et on an account will be period. FINAL Be applicant's name of eased, until the proper R LOSS. Please ensore requesting wat some part of the proper requesting wat some proper state. | ne WATER/SEWER I will be required to be the responsibility ILLS with a credit be reflected by re | bill, the department has to pay ALL DUE amounts play of the customer. All initial and the control of less than \$3.00 wers will be responsible for the customer. HARNETT REGIONAL cility is prepared for wathing this application, you and the control of the customer of the c |
|   |  |   |  |   |
| ACCOUNT #: CID:   | LID:   | WATERSE   | WERCREDIT  | T: APPROVED / DENIE   |

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