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 12 2025 | | DEPOSITS (refunded to applicant only) | | |
|---|---|---|---|---|
| Today's Date <u>5.12.2025</u> Set | t Up Fee All Accounts \$15 | | APPROVED CREI | DIT DENIED CREDIT |
| 9 | Same Day Service: \$50 | OWNER WATER | \$0 | \$50 |
| | sume Buy Bervice: \$50 | OWNER SEWER | \$0 | \$50 |
| Date Service Requested | | RENTER WATER | \$50 | \$100 |
| | | RENTER SEWER | \$50 | \$100 |
| This agreement is a formal request for How Sewer Ordinance and all relevant departments of the Service Address: 45 Graduate Ct Spanning of the Service Address: | artmental policies, to provid | de water and /or sewe | | |
| Owner_X Renter (PROPER Applicant Email Address Permitting@ | | | | |
| | | | 4001744 | · |
| APPLICANT | | CO-APPLICANT | | |
| NAME (FIRST, LAST) | | NAME (FIRST, LAST) | | |
| The Ascot Corporation, LLC | | | | |
| MAILING ADDRESS: | | | | |
| PO BOX 1872, Southern Pines N | NC 28388 | | | |
| SOCIAL SECURITY # OR TIN | CONTACT PHONE # | SOCIAL SECURITY # OR TIN | | CONTACT PHONE # |
| 27-4165229 | 910-688-7361 | | | |
| DRIVER'S LICENSE # AND STATE | DATE OF BIRTH | DRIVER'S LICENSE # AND STATE | | DATE OF BIRTH |
| EMPLOYER NAME | | EMPLOYER NAME | | |
| EMPLOYER ADDRESS | PHONE # | EMPLOYER ADDRES | SS | PHONE # |
| PREVIOUS ADDRESS | | PREVIOUS ADDRESS | | |
| sewer Ordinance. Should I fail to make right to disconnect my service without fur \$40 reconnect fee. Any fees resulting and final bills are prorated based on the mot be refunded. Deposits and/or credit I monthly bill regardless of whether wat WATER IS NOT RESPONSIBLE FOR connection. Make sure all valves & fagreeing that you are at least 18 years of | e all payments on time whe rther notice. In order for se from court action to collect number of days in the service balances are refunded in the er and/or sewer is being un R WATER DAMAGE Of aucets are turned off befage. | en due as stated on the ervice to be restored, at on an account will be period. FINAL Blee applicant's name of sed, until the proper R LOSS. Please ensure requesting water | ne WATER/SEWER I will be required to be the responsibility ILLS with a credit be nly. Property owne rty 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 ance of less than \$3.00 wers will be responsible for a HARNETT REGIONAL Cility is prepared for wathing this application, you a |
| Customer Signature <u>Sha</u> FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit \$_ | rry Kellam Same Day\$ | 50Meter Fee \$. | 325Damage \$ | Other \$ |
| | | | | |
| Account # Transferred From: | | _ Date To Turn O | Off: | |

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