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

| T-1/- D-4- 5 12 2025 | -4 II. E A11 A | DEPOSITS (refunded to applicant only) | | |
|---|---|--|--|--|
| Today's Date <u>5.12.2025</u> S | et Up Fee All Accounts \$15 | | APPROVED CRE | EDIT 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 | Hamatt Danianal Water (HD | RENTER SEWER | \$50 | \$100 |
| Sewer Ordinance and all relevant de | | de water and /or sew | er service connectio | |
| OwnerX Renter (PROPI | | | | |
| Applicant Email Address Permitting | g@ascotgrp.com | | | |
| APPLICANT | | CO-APPLICANT | | |
| NAME (FIRST, LAST) | | NAME (FIRST, LAST | 7) | |
| The Ascot Corporation, LLC | | | | |
| MAILING ADDRESS: | | | | |
| PO BOX 1872, Southern Pines | 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 | | DATE OF BIRTH |
| EMPLOYER NAME | | EMPLOYER NAME | | |
| EMPLOYER ADDRESS | PHONE # | EMPLOYER ADDRE | SS | PHONE # |
| PREVIOUS ADDRESS | | PREVIOUS ADDRESS | | |
| the undersigned, do agree to abide be sewer Ordinance. Should I fail to maight to disconnect my service without a \$40 reconnect fee. Any fees resulting and final bills are prorated based on the not be refunded. Deposits and/or credit monthly bill regardless of whether we water is not responsible. From the connection. Make sure all valves agreeing that you are at least 18 years of the conference of the con | ke all payments on time who further notice. In order for so ag from court action to collect number of days in the service balances are refunded in the ater and/or sewer is being ut OR WATER DAMAGE OF faucets are turned off befor age. | en due as stated on the ervice to be restored, et on an account will be period. FINAL Be applicant's name of ased, until the proper R LOSS. Please engore requesting wat | he WATER/SEWEI I will be required to be the responsibilit ILLS with a credit b only. Property own erty is sold or rente sure residence or fa er service. By sign | R bill, the department has to pay ALL DUE amounts play of the customer. All initional part of less than \$3.00 where will be responsible for d. HARNETT REGIONAL acility is prepared for wathing this application, you a |
| | | | | |
| Account # Transferred From: | | | | |
| ACCOUNT #: CID: | LID: | WATERSE | WERCREDI | T: APPROVED / DENIE |

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