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	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 \$50	\$100 \$100
This agreement is a formal request for H is Sewer Ordinance and all relevant departments Address: 96 Graduate Ct Sp	artmental policies, to provide	de water and /or sewe		
Owner X Renter (PROPER	. •			
Applicant Email Address Permitting				
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 P		CONTACT PHONE #
27-4165229	910-688-7361			
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE		OATE OF BIRTH
EMPLOYER NAME		EMPLOYER NAME		
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRE	ss	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 further \$40 reconnect fee. Any fees resulting and final bills are prorated based on the root be refunded. Deposits and/or credit monthly bill regardless of whether wat WATER IS NOT RESPONSIBLE FOR Connection. Make sure all valves & for agreeing that you are at least 18 years of Customer Signature Share TOR OFFICE USE ONLY	e all payments on time who in ther notice. In order for se from court action to collect number of days in the service balances are refunded in the ter and/or sewer is being un R WATER DAMAGE Of Caucets are turned off before age.	en due as stated on the ervice to be restored, et on an account will ce period. FINAL Be applicant's name of ased, until the proper R LOSS. Please ensured wat	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 the pay ALL DUE amounts play of the customer. All initial ance of less than \$3.00 wers will be responsible for . HARNETT REGIONA cility is prepared for wathing this application, you a
Account # Transferred From:	Date To Turn Off:			
ACCOUNT #: CID:				

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