## **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 S	et Up Fee All Accounts \$15	APPROVED CREDIT 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 & Sewer Ordinance and all relevant de Service Address: 104 Restful Po	partmental policies, to provide	de water and /or sew	er service connection	
Owner X Renter (PROPE		Weekley Home	es LLC / 919.659	9.1505
Applicant Email Address				
APPLICANT		CO-APPLICANT		
NAME (FIRST, LAST)		NAME (FIRST, LAST)		
Weekley Homes LLC				
MAILING ADDRESS:				
1901 N. Harrison Ave., Suite	200, Cary NC 27513			
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECURITY # OR TIN CO		CONTACT PHONE #
76-0519106	919.659.1505			
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE		DATE OF BIRTH
EMPLOYER NAME		EMPLOYER NAME		
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRE	ss	PHONE #
PREVIOUS ADDRESS		PREVIOUS ADDRESS		
t, the undersigned, do agree to abide by Sewer Ordinance. Should I fail to make the sewer Ordinance. Should I fail to make the sewer Ordinance in Should I fail to make the sewer of the se	ke all payments on time whe further notice. In order for se g from court action to collect number of days in the service to balances are refunded in the ater and/or sewer is being u OR WATER DAMAGE OF faucets are turned off befor age.  Same Day \$	en due as stated on the revice to be restored, at on an account will be period. FINAL Be applicant's name of sed, until the proper R LOSS. Please ensure requesting wat the proper requestion was a proper requestion of the proper request	he WATER/SEWER I will be required to be the responsibility ILLS with a credit ba rely. Property owne erty 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 all the customers. HARNETT REGIONA cility is prepared for wathing this application, you a supply of the part of the customers.
ACCOUNT #: CID:	LID:	WATER SE	WER CREDIT	T: APPROVED / DENIE

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