## **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 CREI	DIT 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	Harnett Regional Water (HR	W) through normal	procedures and in ac	cordance with the HRW W
z Sewer Ordinance and all relevant de				
ervice Address: 33 Cozy Haver				
Owner_X Renter(PROPE		•	es LLC / 919.659	9.1505
Applicant Email Address			40. 400. 544	·
APPLICANT		CO-APPLICANT		
NAME (FIRST, LAST)		NAME (FIRST, LAST	Γ)	
Weekley Homes LLC				
MAILING ADDRESS:				
1901 N. Harrison Ave., Suite	200, Cary NC 27513			
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECURITY #	# OR TIN	CONTACT PHONE #
76-0519106	919.659.1505			
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE	# AND STATE I	DATE OF BIRTH
EMPLOYER NAME		EMPLOYER NAME		
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRES	ESS	PHONE #
PREVIOUS ADDRESS		PREVIOUS ADDRESS		
the undersigned, do agree to abide by the wer Ordinance. Should I fail to main the disconnect my service without	ke all payments on time whe further notice. In order for se	en due as stated on the ervice to be restored,	he WATER/SEWER I will be required to	bill, the department has the pay ALL DUE amounts pl
\$40 reconnect fee. Any fees resulting and final bills are prorated based on the ot be refunded. Deposits and/or credition and the bill regardless of whether we wanted to be refunded. Deposits and/or credition and the bill regardless of whether we wanted to be supported by the bill regardless of whether wanted to be supported by the bill regardless of whether wanted by the bill regardless of whether wanted by the bill regardless of t	e number of days in the servic it balances are refunded in the ater and/or sewer is being u OR WATER DAMAGE OI a faucets are turned off bef	ce period. FINAL Bise applicant's name of sed, until the proper R LOSS. Please ens	ILLS with a credit based only. Property owned or rented sure residence or fa	nlance of less than \$3.00 wers will be responsible for . HARNETT REGIONA cility is prepared for wat
	•			
Customer Signature R OR OFFICE USE ONLY DEES: Set Up 500 \$15 Deposit \$				Other \$
EES: Set-Up ree 515 Denosii 5		·		~ ~~~~ ~ ~
Account # Transferred From:				

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