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

Same Day Service: \$50 OWNER WATER OWNER SEWER \$0 \$50 Owner Service Requested \$100 \$100			DEPOSITS (ref	DEPOSITS (refunded to applicant only)		
Date Service Requested OwnER SEWER S.0 S.50 S.100 RENTER NATER S.50 S.100 RENTER SEWER S.50 RENTER SEWER RENTER SEWER S.50 RENTER SEWER S.50 RENTER SEWER RENTER SEWER S.50 RENTER SEWER R.50 RENTER SEWER R.50 R.	Today's Date	Set Up Fee All Accounts \$15				
Date Service Requested OWNER SEWER \$0		Same Day Service: \$50	OWNER WATER	\$0	\$50	
This agreement is a formal request for Harnett Regional Water (HRW), through normal procedures and in accordance with the & Sewer Ordinance and all relevant departmental policies, to provide water and /or sewer service connections at the following Service Address: _158 Restful Point, Fuquay-Varina, NC 27526 Owner_XRenter(PROPERTY OWNER & PHONE NO.)Weekley Homes LLC / 919.659.1505 Applicant Email Address APPLICANT		Same Day Service: \$60	OWNER SEWER	\$0	\$50	
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Service Address:					\$100	
Applicant Email Address APPLICANT APPLICANT APPLICANT CO-APPLICANT NAME (FIRST, LAST) NAME (FIRST, L	& Sewer Ordinance and all relevant	t departmental policies, to provi	de water and /or sew			
APPLICANT APPLICANT APPLICANT 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 CONTACT PHONE # SOCIAL SECURITY # OR TIN CONTACT PHONE # The contact Phone # SOCIAL SECURITY # OR TIN CONTACT PHONE # The contact Phone # SOCIAL SECURITY # OR TIN CONTACT PHONE # The contact Phone # SOCIAL SECURITY # OR TIN CONTACT PHONE # The contact Phone # DATE OF BIRTH DRIVER'S LICENSE # AND STATE DATE OF BIRTH CONTACT PHONE # DAT				es LLC / 919.65	9.1505	
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1901 N. Harrison Ave., Suite 200, Cary NC 27513 SOCIAL SECURITY # OR TIN	Weekley Homes LLC					
SOCIAL SECURITY # OR TIN CONTACT PHONE # 76-0519106 DRIVER'S LICENSE # AND STATE DATE OF BIRTH EMPLOYER NAME EMPLOYER ADDRESS PHONE # EMPLOYER ADDRESS PHONE # EMPLOYER ADDRESS PHONE # PREVIOUS ADDRESS I, the undersigned, do agree to abide by all rules, regulations and policies of Harnett Regional Water as outlined in the HRW Sewer Ordinance. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the departmenight to disconnect my service without further notice. In order for service to be restored, I will be required to pay ALL DUE am a 440 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. and final bills are prorated based on the number of days in the service period. FINAL BILLS with a credit balance of less than not be refunded. Deposits and/or credit balances are refunded in the applicant's name only. Property owners will be responsibility if prepared connection. Make sure all valves & faucets are turned off before requesting water service. By signing this application agreeing that you are at least 18 years of age. Customer Signature Robin Caparell FOR ONLY FEES: Set-Up Fee \$15 Deposit \$ Same Day \$50 Meter Fee \$325 Damage \$ Other \$ Account # Transferred From: Date To Turn Off:	MAILING ADDRESS:					
PREVIOUS ADDRESS PHONE # EMPLOYER ADDRESS PHONE #	1901 N. Harrison Ave., Su	ite 200, Cary NC 27513	3			
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Turn On:_____Unlock Only:_____Read Only:____Install:_____ Customer Serv Rep: _____