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

S/E/25	DEPOSITS (refunded to applicant only)			
Today's Date <u>6/5/25</u> Set	Up Fee All Accounts \$15		APPROVED CREI	DIT DENIED CREDIT
	Same Day Service: \$50	OWNER WATER	\$0	\$50
	Sum Buy Service: \$60	OWNER SEWER	\$0	\$50
Date Service Requested Will Call		RENTER WATER	\$50	\$100
This agreement is a formal request for H	arnett Regional Water (HR	RENTER SEWER	procedures and in ac	\$100
& Sewer Ordinance and all relevant depart	artmental policies, to provid			
Service Address: 80 Greenwillow	Drive 27			
Owner X Renter (PROPER).R. Horton Inc.	984-327-8357	
Applicant Email Address jnupchurch	@drhorton.com			
APPLICANT		CO-APPLICANT		
NAME (FIRST, LAST)		NAME (FIRST, LAST)		
D.R. Horton Inc.				
MAILING ADDRESS:				
2000 Aerial Center Pkwy Ste.	110-A Morrisville, N	C 27560		
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECURITY # OR TIN CONTACT PHONE #		
75-2386963	984-327-8357			
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		
I, the undersigned, do agree to abide by Sewer Ordinance. Should I fail to make right to disconnect my service without fur a \$40 reconnect fee. Any fees resulting and final bills are prorated based on the most be refunded. Deposits and/or credit monthly bill regardless of whether was REGIONAL WATER IS NOT RESI prepared for water connection. Make application, you are agreeing that you are	e all payments on time when inther notice. In order for second from court action to collect number of days in the service balances are refunded in the ter and/or sewer is being up PONSIBLE FOR WATE e sure all valves & faucet e at least 18 years of age.	en due as stated on the ervice to be restored, at on an account will be period. FINAL Be applicant's name of used as long as the service of the period of the service of the period of t	he WATER/SEWER I will be required to be the responsibility ILLS with a credit be only. Property owne ervice is not turned LOSS. Please ensu- effore requesting wa	R bill, the department has the pay ALL DUE amounts plut of the customer. All initial alance of less than \$3.00 with the customer will be responsible for off by request. HARNET ure residence or facility that the service. By signing the
Customer Signature <u>Jen</u>	nifer Upchurch			
FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit \$_	•			
Account # Transferred From:		_ Date To Turn Off:		
ACCOUNT #: CID:				

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