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

| Today's Date 6/17/25 | Set Up Fee All Accounts \$15 | DEPOSITS (refunded to applicant only) | | |
|-----------------------------|------------------------------|---------------------------------------|-----------------|---------------|
| | | | APPROVED CREDIT | DENIED CREDIT |
| | Same Day Service: \$50 | OWNER WATER | \$0 | \$50 |
| | | | \$0 | \$50 |
| Date Service Requested ASAP | | RENTER WATER | \$50 | \$100 |
| _ | | RENTER SEWER | \$50 | \$100 |

This agreement is a formal request for Harnett Regional Water (HRW), through normal procedures and in accordance with the HRW Water & Sewer Ordinance and all relevant departmental policies, to provide water and /or sewer service connections at the following location:

Service Address: 419 magnolia acres lane

Owner_X___Renter_____(PROPERTY OWNER & PHONE NO.) HHHUNT HOMES- 919-861-6380

Applicant Email Address_

| APPLICANT | | CO-APPLICANT | | | |
|--|-----------------|------------------------------|-----------------|--|--|
| NAME (FIRST, LAST) HHHUNT HOMES | | NAME (FIRST, LAST) | | | |
| MAILING ADDRESS: | | | | | |
| 1 FENTON MAIN STREET SUITE 280 CARY NC 27511 | | | | | |
| SOCIAL SECURITY # OR TIN | CONTACT PHONE # | SOCIAL SECURITY # OR TIN | CONTACT PHONE # | | |
| 26-1651984 | 919-333-6020 | | | | |
| DRIVER'S LICENSE # AND STATE | DATE OF BIRTH | DRIVER'S LICENSE # AND STATE | DATE OF BIRTH | | |
| | | | | | |
| EMPLOYER NAME | | EMPLOYER NAME | | | |
| | | | | | |
| EMPLOYER ADDRESS | PHONE # | EMPLOYER ADDRESS | PHONE # | | |
| | | | | | |
| PREVIOUS ADDRESS | | PREVIOUS ADDRESS | | | |

I, the undersigned, do agree to abide by all rules, regulations and policies of Harnett Regional Water as outlined in the HRW Water and Sewer Ordinance. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my service without further notice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$40 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. All initial and final bills are prorated based on the number of days in the service period. FINAL BILLS with a credit balance of less than \$3.00 will not be refunded. Deposits and/or credit balances are refunded in the applicant's name only. **Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used as long as the service is not turned off by request. HARNETT REGIONAL WATER IS NOT RESPONSIBLE FOR WATER DAMACE OR LOSS.** Please ensure residence or facility is prepared for water connection. Make sure all valves & fancets are turned off before requesting water service. By signing this application, you are agreeing that you are at least (8, 2000) fage.

| Customer Signature | |
|--|--|
| FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit \$ | |
| Account # Transferred From: | Date To Turn Off: |
| ACCOUNT #: CID: | LID: WATERSEWERCREDIT: APPROVED / DENIED |
| Turn On:Unlock Only: | Read Only:Install: Customer Serv Rep: |