## **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

T 1-2 D 4	II. II. A11 A	DEPOSITS (ref	DEPOSITS (refunded to applicant only)		
Today's Date S	Set 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	Harnott Dagional Water (UD	RENTER SEWER	\$50	\$100	
& Sewer Ordinance and all relevant de Service Address: 1220 Serenity	partmental policies, to provide	de water and /or sew	er service connection		
Owner_X Renter (PROPI	•	•		0.1505	
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 CONTACT PHONE #			
76-0519106	919.659.1505				
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE DATE OF I		OATE OF BIRTH	
EMPLOYER NAME		EMPLOYER NAME			
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRE	ss	PHONE #	
PREVIOUS ADDRESS		PREVIOUS ADDRESS			
I, the undersigned, do agree to abide be Sewer Ordinance. Should I fail to make the sewer Ordinance in the sewer Ordinance. Should I fail to make the sewer of th	ke all payments on time whe further notice. In order for seing from court action to collect any in the service number of days in the service to balances are refunded in the ater and/or sewer is being used to the collect of age.  Obin Caparell  Same Day \$	en due as stated on the ervice to be restored, et on an account will be period. FINAL B applicant's name of eased, until the proper R LOSS. Please ensore requesting wat 50Meter Fee \$	he WATER/SEWER I will be required to be the responsibility ILLS with a credit bainly. Property owne erty is sold or rented sure residence or facer service. By significations.  325Damage \$	bill, the department has the pay ALL DUE amounts play of the customer. All initial ance of less than \$3.00 w. rs will be responsible for. HARNETT REGIONA cility is prepared for wating this application, you aOther \$	
Account # Transferred From:		Date To Turn Off:			

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