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

6/4/2025		DEPOSITS (refunded to applicant only)		
Today's Date 6/1/2025 Set Up Fee	All Accounts \$15	APPROVED CREDIT DENIED CREDIT		
	Same Day Service: \$50	OWNER WATER	\$0	\$50
	Buille Day Bervice. \$30	OWNER SEWER	\$0	\$50
Date Service Requested Will Call		RENTER WATER	\$50	\$100
		RENTER SEWER	\$50	\$100
This agreement is a formal request for H & Sewer Ordinance and all relevant departments.				
Service Address: 45 Firefly Ln		 Tri Dointo Homo	a Haldinga I I	C / 010 200 4001
	ATY OWNER & PHONE NO.)		S Holdings LL	.C / 919-300-4901
Applicant Email Address Raleighper	mits@tripointehome	s.com		
APPLICANT		CO-APPLICANT		
NAME (FIRST, LAST)		NAME (FIRST, LAST)		
Tri Pointe Homes Holdings LLC				
MAILING ADDRESS:				
5440 Wade Park Blvd, Raleigh, I	NC, 27607	T		
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECURITY #	OR TIN	CONTACT PHONE #
TIN: 27-3201111	631-905-1999			
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE #	# AND STATE	DATE OF BIRTH
EMPLOYER NAME		EMPLOYER NAME		
Tri Pointe Homes Holdings LLC				
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRES	SS	PHONE #
5440 Wade Park Blvd - Suite 400, Raleigh, NC	27607 919-300-4901			
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 RESID prepared for water connection. Make application, you are agreeing that you are	e all payments on time what urther notice. In order for so from court action to collect number of days in the servit balances are refunded in the ter and/or sewer is being to PONSIBLE FOR WATE e sure all valves & fauce	en due as stated on the ervice to be restored, let on an account will like period. FINAL BI ne applicant's name or used as long as the se ER DAMAGE OR I	e WATER/SEWE I will be required to be the responsibilith LLS with a credith aly. Property ow rvice is not turne LOSS. Please en	R bill, the department has to pay ALL DUE amounts pluty of the customer. All initial balance of less than \$3.00 where will be responsible for doff by request. HARNET is ure residence or facility
application, you are agreeing that you ar Customer Signature		ames Myers		
FOR OFFICE USE ONLY	4	<i>f</i>		
FEES: Set-Up Fee \$15Deposit \$_				
	Date To Turn Off:			
Account # Transferred From:		Date To Turn O	ff:	

Turn On: _____Unlock Only: _____Read Only: _____Install: _____ Customer Serv Rep: _____