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

0/05/0005		DEPOSITS (refunded to applicant only)		
Today's Date 6/25/2025 Set Up Fee All Accounts \$15 Same Day Service: \$50			APPROVED CR	EDIT DENIED CREDIT
		OWNER WATER	\$0	\$50
		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 deposervice Address: 88 Shady Creek	artmental policies, to provi			
Owner X Renter (PROPER		 Tri Pointe Home	s Holdings LL	C / 919-300-4901
Applicant Email Address Raleighper				
APPLICANT		CO-APPLICANT		
NAME (FIRST, LAST)		NAME (FIRST, LAST)		
Tri Pointe Homes Holdings LLC				
MAILING ADDRESS:				
5440 Wade Park Blvd, Raleigh,	NC, 27607			
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	S	PHONE #
5440 Wade Park Blvd - Suite 400, Raleigh, NC	27607 919-300-4901			
PREVIOUS ADDRESS		PREVIOUS ADDRESS		
the undersigned, do agree to abide by Sewer Ordinance. Should I fail to make right to disconnect my service without fur \$40 reconnect fee. Any fees resulting and final bills are prorated based on the not be refunded. Deposits and/or credit monthly bill regardless of whether was REGIONAL WATER IS NOT RESID OF PROPER OF WATER IS NOT RESID OF PROPER OF SIGNATURE FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit \$	e all payments on time what in the rotice. In order for some from court action to collect the rotice of days in the service balances are refunded in the service of the rotice of the ro	en due as stated on the ervice to be restored, I ct on an account will like period. FINAL BI ne applicant's name or used as long as the se ER DAMAGE OR I cts are turned off before the sames Mysra	e WATER/SEWE I will be required to be the responsibilith. LLS with a credithally. Property own rvice is not turned. OSS. Please enforce requesting w	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 sure residence or facility ater service. By signing the
Account # Transferred From:		Date To Turn O	ff:	

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