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 6.26.2025 S	Set Up Fee All Accounts \$15	DEPOSITS (refunded to applicant only)		
Today S DateS	oct op ree All Accounts \$13		APPROVED CRE	DENIED CREDIT
	Same Day Service: \$50	OWNER WATER	\$0	\$50
	•	OWNER SEWER	\$0	\$50
Date Service Requested	-	RENTER WATER	\$50	\$100
his agreement is a formal request for	Harnott Pagional Water (UD	RENTER SEWER	\$50	\$100
Sewer Ordinance and all relevant de ervice Address: 279 Travelers W	epartmental policies, to provide			
OwnerX Renter (PROPI				
Applicant Email Address Permitting				
APPLICANT		CO-APPLICANT		
NAME (FIRST, LAST)		NAME (FIRST, LAST)		
The Ascot Corporation, LLC				
MAILING ADDRESS:				
PO BOX 1872, Southern Pines	NC 28388			
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECURITY # OR TIN CONTACT PHONE #		
27-4165229	910-688-7361			
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE DATE OF BIRTH		DATE OF BIRTH
EMPLOYER NAME		EMPLOYER NAME		
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRE	SS	PHONE #
PREVIOUS ADDRESS		PREVIOUS ADDRESS		
the undersigned, do agree to abide be sewer Ordinance. Should I fail to maight to disconnect my service without \$40 reconnect fee. Any fees resulting the final bills are prorated based on the ot be refunded. Deposits and/or credinanthly bill regardless of whether we water is not responsible. For onnection. Make sure all valves agreeing that you are at least 18 years or or office use only the control of the c	ake all payments on time who further notice. In order for so ag from court action to collect e number of days in the servicit balances are refunded in the vater and/or sewer is being us for WATER DAMAGE Of a faucets are turned off beloof age.	en due as stated on the ervice to be restored, et on an account will be period. FINAL Be applicant's name of ased, until the proper R LOSS. Please enfore requesting wat	he WATER/SEWER I will be required to be the responsibility ILLS with a credit bonly. Property own erty is sold or renter sure residence or fater service. By sign	R bill, the department has to pay ALL DUE amounts play of the customer. All initivalence of less than \$3.00 where will be responsible for d. HARNETT REGIONAL acility is prepared for wathing this application, you a
Account # Transferred From:				
ACCOUNT #: CID:	LID:	WATERSE	WERCREDI	T: APPROVED / DENI

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