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 6.19.2025 See	t IIn Fee All Accounts \$15	DEPOSITS (refunded to applicant only)		
10day 5 Date Se	op rec All Accounts \$13		APPROVED CRE	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 H	Journatt Davismal Water (IID)	RENTER SEWER	\$50	\$100
Sewer Ordinance and all relevant deportion of the Sewer Ordinance and All Research and All	artmental policies, to provide $(1at 1139 \Delta C)$	le water and /or sew		ns at the following location
OwnerX Renter (PROPER				
Applicant Email Address Permitting(@ascotgrp.com			
APPLICANT		CO-APPLICANT		
NAME (FIRST, LAST)		NAME (FIRST, LAST)		
The Ascot Corporation, LLC				
MAILING ADDRESS:				
PO BOX 1872, Southern Pines I	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		
EMPLOYER NAME		EMPLOYER NAME		
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRE	ss	PHONE #
PREVIOUS ADDRESS		PREVIOUS ADDRESS		
t, the undersigned, do agree to abide by Sewer Ordinance. Should I fail to make ight to disconnect my service without for \$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 WATER IS NOT RESPONSIBLE FOR connection. Make sure all valves & the agreeing that you are at least 18 years of Customer Signature	e all payments on time when the notice. In order for second from court action to collect number of days in the service balances are refunded in the ter and/or sewer is being up to the payment of the payment of the faucets are turned off before age.	en due as stated on the rivice to be restored, it on an account will be period. FINAL Be applicant's name of sed, until the proper R LOSS. Please ensore requesting wat	he WATER/SEWER I will be required to be the responsibility ILLS with a credit be only. Property owne erty is sold or rented sure residence or fa er service. By sign	t bill, the department has t pay ALL DUE amounts play of the customer. All initialance of less than \$3.00 wers will be responsible for L. HARNETT REGIONAL CILITY IS prepared for wathing this application, you a
Customer Signature had FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit \$_	Same Day \$	50Meter Fee \$	325Damage \$	Other \$
Account # Transferred From: Date To Turn Off:				
Account # Transferred From:		_ Date To Turn C	Off:	

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