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- 12- D-4-	C-4 II. II. A11 A	DEPOSITS (ref	funded to applicant or	nly)
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	Hamatt Danianal Water (HD	RENTER SEWER	\$50	\$100
& Sewer Ordinance and all relevant do Service Address: _996 Serenity \	epartmental policies, to provid	de water and /or sewe	er service connection	
Owner_X Renter (PROP		·		.1505
Applicant Email Address				
APPLICANT		CO-APPLICANT		
NAME (FIRST, LAST)		NAME (FIRST, LAST)		
Weekley Homes LLC				
MAILING ADDRESS:				
1901 N. Harrison Ave., Suite	e 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		ATE OF BIRTH
EMPLOYER NAME		EMPLOYER NAME		
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRE	ss	PHONE #
PREVIOUS ADDRESS		PREVIOUS ADDRESS		
t, the undersigned, do agree to abide to Sewer Ordinance. Should I fail to make the sewer Ordinance of the sewer Ordinance. Should I fail to make the sewer of th	ake all payments on time when further notice. In order for seen in from court action to collect the number of days in the service in the serv	en due as stated on the ervice to be restored, at on an account will be period. FINAL Be applicant's name of sed, until the proper R LOSS. Please ensure requesting wat the sequence of the se	he WATER/SEWER I will be required to plus the responsibility ILLS with a credit basely. Property ownerty is sold or rented sure residence or factor service. By significant the sure service of the sure service of the sure residence or factor service. By significant the sure residence or factor service. By significant the sure residence or factor service.	bill, the department has the pay ALL DUE amounts plus of the customer. All initial lance of less than \$3.00 wers will be responsible for. HARNETT REGIONACILITY is prepared for wating this application, you amount of the property of the pro
Account # Transferred From:		_ Date To Turn Off:		

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