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

		DEPOSITS (refunded to applicant only)			
Today's Date <u>11-5-25</u> Set	Up Fee All Accounts \$15		REDIT DENIED CREDIT		
S	ame Day Service: \$50	OWNER WATER	\$0	\$50	
	unic Buy Bervice. \$50	OWNER SEWER	\$0	\$50	
Date Service Requested 11-15-25		RENTER WATER	\$50	\$100	
		RENTER SEWER	\$50	\$100	
This agreement is a formal request for Ha & Sewer Ordinance and all relevant departments.	rtmental policies, to provid				
Service Address: 196 Little Gen		G P 11 M		240,007,2220	
Owner X Renter (PROPERT	, —		nolia Acres, LLC	240-886-3229	
Applicant Email Address NCPE	RMITS@CARUSOHOM	ES.COM			
APPLICANT		CO-APPLICANT			
NAME (FIRST, LAST)		NAME (FIRST, LAST)			
Caruso Builder Magnolia Acres	s, LLC				
MAILING ADDRESS:					
2120 Baldwin Avenue, suite 2		T			
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECURITY # OR TIN		CONTACT PHONE #	
FED TAX ID 33-4380031	2408863229				
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE		DATE OF BIRTH	
n/a	n/a				
EMPLOYER NAME		EMPLOYER NAME			
n/a					
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRES	SS	PHONE #	
n/a	n/a				
PREVIOUS ADDRESS n/a		PREVIOUS ADDRESS			
I, the undersigned, do agree to abide by a Sewer Ordinance. Should I fail to make right to disconnect my service without fur	all payments on time who	en due as stated on th	ne WATER/SEWI	ER bill, the department has the	
a \$40 reconnect fee. Any fees resulting that and final bills are prorated based on the n	from court action to collec	ct on an account will	be the responsibil	lity of the customer. All initi	
not be refunded. Deposits and/or credit be monthly bill regardless of whether wate WATER IS NOT RESPONSIBLE FOR	er and/or sewer is being u R WATER DAMAGE O	ised, until the prope R LOSS. Please ens	rty is sold or rent sure residence or	ted. HARNETT REGIONA facility is prepared for wat	
connection. Make sure all valves & fa agreeing that you are at least 18 years of a		ore requesting wat	er service. By si	gning this application, you a	
Customer Signature	amos Rumloy	authorized signor			
Customer Signature FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit \$	Same Day \$	50Meter Fee \$	325Damage \$	Other \$	
Account # Transferred From:	_ Date To Turn Off:				
ACCOUNT #: CID:					
			,, ZKCKEL	TITE TO THE PERME	

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