## **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 Se	et Up Fee All Accounts \$15	APPROVED CR		
	Same Day Service: \$50	OWNER WATER	\$0	\$50
	Zame Day Zervice: \$e0	OWNER SEWER	\$0	\$50
Date Service Requested		RENTER WATER	\$50	\$100
		RENTER SEWER	\$50	\$100
This agreement is a formal request for law Sewer Ordinance and all relevant deposervice Address: 140 Restful Po	partmental policies, to provide	de water and /or sewe		
Owner X Renter (PROPE			s LLC / 919.65	9.1505
	·			
APPLICANT		CO-APPLICANT		
NAME (FIRST, LAST)		NAME (FIRST, LAST)		
Weekley Homes LLC				
MAILING ADDRESS:				
1901 N. Harrison Ave., Suite	200, Cary NC 27513			
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECURITY # OR TIN CONTACT PHONE		CONTACT PHONE #
76-0519106	919.659.1505			
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		
I, the undersigned, do agree to abide by Sewer Ordinance. Should I fail to make the sewer Ordinance. Should I fail to make the sewer of	ke all payments on time wherefurther notice. In order for see g from court action to collect number of days in the service to balances are refunded in the later and/or sewer is being us OR WATER DAMAGE OF faucets are turned off before age.  Same Day \$	en due as stated on the ervice to be restored, at on an account will be period. FINAL B. applicant's name of sed, until the proper R LOSS. Please ensured for a requesting wat the sequence of	he WATER/SEWER I will be required to be the responsibility ILLS with a credit b nly. Property own orty is sold or rented sure residence or fa er service. By sign	R bill, the department has the pay ALL DUE amounts play of the customer. All initial alance of less than \$3.00 wers will be responsible for the distribution of the same of th
	Date To Turn Off:			
ACCOUNT #: CID:	LID:	WATERSE	WERCREDIT	Γ: APPROVED / DENIEI

Turn On:\_\_\_\_\_Unlock Only:\_\_\_\_\_Read Only:\_\_\_\_Install:\_\_\_\_\_ Customer Serv Rep: \_\_\_\_\_