## **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

		VALID PHOTO	1.D. is Required			
		DEPOSITS (refunded to applicant only)				
Γoday's Date <u>11/12/25</u>	Set Up Fee All Accounts \$15		APPROVED CREDIT   DENIED CRED			
	Same	e Day Service: \$50	OWNER WATER	\$0	\$50	
		buy berviee. \$30	OWNER SEWER	\$0	\$50	
Date Service Requested Will Ca	<u>tll</u>		RENTER WATER	\$50	\$100	
This agreement is a formal request fo	r Harne	tt Regional Water (HR	RENTER SEWER  W), through normal	\$50 procedures and in	\$100 accordance with the HRW	
Sewer Ordinance and all relevant						
ervice Address: 12 Greenwillo	w Driv	ve Lot 23				
Owner X Renter (PRO	PERTY O	WNER & PHONE NO.)	.R. Horton Inc.	984-327-8357	7	
Applicant Email Address jnupchur	ch@d	rhorton.com				
APPLICANT			CO-APPLICANT			
NAME (FIRST, LAST)			NAME (FIRST, LAST	)		
D.R. Horton Inc.						
MAILING ADDRESS:						
2000 Aerial Center Pkwy S	te. 110	O-A Morrisville, NO	27560			
SOCIAL SECURITY # OR TIN	CC	ONTACT PHONE #	SOCIAL SECURITY # OR TIN		CONTACT PHONE #	
75-2386963	98	4-327-8357				
DRIVER'S LICENSE # AND STATE	DA	ATE OF BIRTH	DRIVER'S LICENSE # AND STATE		DATE OF BIRTH	
EMPLOYER NAME			EMPLOYER NAME			
EMPLOYER ADDRESS		PHONE #	EMPLOYER ADDRES	SS	PHONE #	
PREVIOUS ADDRESS			PREVIOUS ADDRESS	<u> </u>		
the undersigned, do agree to abide sewer Ordinance. Should I fail to might to disconnect my service without \$40 reconnect fee. Any fees result and final bills are prorated based on the tot be refunded. Deposits and/or cremonthly bill regardless of whether REGIONAL WATER IS NOT RECORDED TO THE REGIONAL WATER IS NOT RESIDENCE TO THE RESIDENCE TO T	nake all just further ing from the number dit balar water an ESPON lake sun	payments on time when renotice. In order for seen court action to collect oper of days in the service are refunded in the nd/or sewer is being us SIBLE FOR WATER all valves & faucets	n due as stated on the rvice to be restored, at on an account will be period. FINAL Black applicant's name of sed as long as the sea R DAMAGE OR I	he WATER/SEWE I will be required to be the responsibility ILLS with a credity and a Property ow price is not turne LOSS. Please en	ER bill, the department has pay ALL DUE amounts ity of the customer. All is balance of less than \$3.00 ners will be responsible to doff by request. HARN asure residence or facility.	
Customer Signature <u>Je</u>						
FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit						
Account # Transferred From: Date To Turn Off:						
ACCOUNT #: CID:		41D,	WAILKSE	WERCKED	II. AFFRUVED / DEN	

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