

HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES

Equal Opportunity Provider and Employer

Water User's Agreement

Form Must be Completed in Full Before Service is Made Available. I.D. is Required.

*****DEPOSITS BELOW APPLY TO APPROVED CREDIT ONLY*****

Today's Date <u>03/10/2021</u>	Contract Date <u>ASAP</u>	Fees Due: Deposit, Owner, Water	\$25	Set Up Fee,
Date Service Requested <u>03/15/2021</u>	<u>anytime</u>	Deposit, Owner, Sewer	\$25	all accounts: \$15
		Deposit, Rental, Water	\$50	
		Deposit, Rental, Sewer	\$50	Meter Fee: \$70

This agreement is to request the Harnett County Department of Public Utilities through normal procedures and in accordance with the District's Rules and Regulations, to provide water and/or sewer service connections at the following location:

Service Address: 27 Deer View Sanford NC 27332

Owner Renter _____ (PROPERTY OWNER & PHONE NO.) David Perez (919) 478 3428

APPLICANT		CO-APPLICANT	
NAME (FIRST, LAST) <u>David Perez</u>		NAME (FIRST, LAST)	
MAILING ADDRESS: <u>2512 Watson ave Sanford NC 27332</u>			
SOCIAL SECURITY # OR TIN <u>700 87 3096</u>	CONTACT PHONE # <u>919 4783428</u>	SOCIAL SECURITY # OR TIN	CONTACT PHONE #
DRIVER'S LICENSE # AND STATE <u>0000 28977103</u>	DATE OF BIRTH <u>12/29/1979</u>	DRIVER'S LICENSE # AND STATE	DATE OF BIRTH
EMPLOYER NAME <u>Jaime Investment INC</u>		EMPLOYER NAME	
EMPLOYER ADDRESS <u>27332</u>	PHONE # <u>919 4783428</u>	EMPLOYER ADDRESS	PHONE #
PREVIOUS ADDRESS <u>N/A</u>		PREVIOUS ADDRESS	
NAME OF NEAREST RELATIVE AND PHONE # <u>Lucia Perez - 919 888 5565</u>		NAME OF NEAREST RELATIVE AND PHONE #	

I, the undersigned, do agree to abide by the rules and regulations of the Harnett county Department of Public Utilities. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my service without further notice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$40 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. FINAL BILLS with a credit balance of less than \$1.00 will not be refunded. **Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used, until the property is sold or rented. HARNETT COUNTY IS NOT RESPONSIBLE FOR WATER DAMAGE OR LOSS.** Please ensure residence or facility is prepared for water connection. Make sure all valves & faucets are turned off before requesting water service.

By signing this application, you are agreeing that you are at least 18 years of age.

Customer Signature David Perez Jaime

FOR OFFICE USE ONLY

FEES: Set-Up Fee \$15 Deposit \$ _____ Same Day \$45 Meter Fee \$70 Damage \$ _____ Other \$ _____

Account # Transferred From: 242627 Date To Turn Off _____

ACCOUNT #: CID: _____ LID: 1023455 WATER _____ SEWER _____ CREDIT: APPROVED / DENIED

Turn On: _____ Unlock Only: _____ Read Only: _____ Install: _____ Customer Serv Rep: _____

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