HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES

Water User's Agreement

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

DEPOSITS RELOW APPLY TO APPROVED CREDIT ONLY

| 06-20-2019 | Fees D | Jue: Deposit Owner Water \$25 | Cat He F |
|--|--|--|---|
| Today's DateCor | | Deposit Owner water 3/3 | |
| | | Deposit, Rental, Water \$50 | |
| Date Service Requested | The state of the s | Deposit, Rental, Sewer \$50 | Meter Fee: \$70 |
| e District's Rules and Regulations, to ervice Address: | provide water and /or seven Drive, Lillington | Public Utilities through normal procedower service connections at the following NC 27546 Watermark Homes, Inc. 9 | ng location: |
| APPLICANT | | CO-APPLICANT | |
| NAME (FIRST, LAST) Watermark Homes, Inc. | | NAME (FIRST, LAST) | |
| MAILING ADDRESS: 1308 Ft. Bragg Road, Suit | te 201, Fayetteville | e NC 28305 | |
| SOCIAL SECURITY # OR TIN 56-2232164 | CONTACT PHONE # | SOCIAL SECURITY # OR TIN | CONTACT PHONE # |
| DRIVER'S LICENSE # AND STATE | DATE OF BIRTH | DRIVER'S LICENSE # AND STATE | DATE OF BIRTH |
| MPLOYER NAME | | EMPLOYER NAME | |
| EMPLOYER ADDRESS | PHONE # | EMPLOYER ADDRESS | PHONE # |
| PREVIOUS ADDRESS | | PREVIOUS ADDRESS | |
| NAME OF NEAREST RELATIVE AND PHONE # | | NAME OF NEAREST RELATIVE AND PHONE # | |
| ake all payments on time when due as orther notice. In order for service to be om court action to collect on an accou ill not be refunded. Property owners ntil the property is sold or rented. I | s stated on the WATER/SE e restored, I will be required int will be the responsibility will be responsible for a HARNETT COUNTY IS red for water connection. | as of the Harnett county Department of EWER bill, the department has the right d to pay ALL DUE amounts plus a \$3 by of the customer. FINAL BILLS with monthly bill regardless of whether we have a sure all valves & faucets are turn 18 years of age. | at to disconnect my service with to disconnect fee. Any fees result a credit balance of less than swater and/or sewer is being ER DAMAGE OR LOSS. P |
| Customer Signature | | and of age. | |
| | Same Day | FOR OFFICE USE ONLY \$45Meter Fee \$70Damage \$ | Other \$ |
| MOUNT PAID: Cash \$ | Check \$ | Credit Ca | rd \$ |
| ccount # Transferred From: | | Date To Turn Off | |
| CCOUNT #: CID: | LID: | WATER SEWER CRI | EDIT: APPROVED / DENI |
| AND THE PROPERTY AND ADDRESS OF THE PROPERTY O | | CRI | AND ALLE AND A ED A DEMI |