

**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>5/25/20</u>                  | Contract Date _____ | Fees Due: Deposit, Owner, Water | \$25 | Set Up Fee,   |      |
| Date Service Requested <u>Will call ASAP</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: 17 Treasure Dr. Hillington, NC. 27546

Owner  Renter \_\_\_\_\_ (PROPERTY OWNER & PHONE NO.) \_\_\_\_\_

| APPLICANT  |                 | CO-APPLICANT                         |                 |
|--|-----------------|--------------------------------------|-----------------|
| NAME (FIRST, LAST)<br><u>Cumberland Homes Inc.</u>     |                 | NAME (FIRST, LAST)                   |                 |
| MAILING ADDRESS:<br><u>P.O. Box 727 Dunn, NC 28335</u> |                 |                                      |                 |
| SOCIAL SECURITY # OR TIN                               | CONTACT PHONE # | SOCIAL SECURITY # OR TIN             | CONTACT PHONE # |
| DRIVER'S LICENSE # AND STATE                           | DATE OF BIRTH   | DRIVER'S LICENSE # AND STATE         | DATE OF BIRTH   |
| EMPLOYER 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 # |                 |

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 \$35 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 [Signature]

FOR OFFICE USE ONLY  
FEES: Set-Up Fee \$15 Deposit \$ \_\_\_\_\_ Same Day \$45 Meter Fee \$70 Damage \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Account # Transferred From: \_\_\_\_\_ Date To Turn Off \_\_\_\_\_

ACCOUNT #: CID 064205 LID 095290 WATER \_\_\_\_\_ SEWER \_\_\_\_\_ CREDIT: APPROVED / DENIED

Turn On: \_\_\_\_\_ Unlock Only: \_\_\_\_\_ Read Only: \_\_\_\_\_ Install: \_\_\_\_\_ Customer Serv Rep: \_\_\_\_\_

