## 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 BELOW APPLY TO APPROVED CREDIT ONLY\*\*\*

|  | Fees Due                     | D   |                                    |
|--|------------------------------|---|------------------------------------|
| Today's Date Contr   | ract Date                    | e: Deposit, Owner, Water \$25<br>Deposit, Owner, Sewer \$25 |                                    |
|  |                              | Deposit, Rental, Water \$50                                 | all accounts: \$15                 |
| Date Service Requested   |                              | Deposit, Rental, Sewer \$50                                 | Meter Fee: \$70                    |
| This agreement is to request the Harnett (   | County Department of Pub     | lic I Trilities through 1                                   | 111                                |
| and recommends, to bi  | OVIDE Water and for sewer    | service connections at the following                        | location:                          |
| Samina Address 81 Axtilla  | allon Com                    | 200000  | ·                                  |
| Service Address: 81 Artille  | ing cone, cam                | neron, 110 28326  |                                    |
| Owner Renter (PROPERT  | Y OWNER & PHONE NO )         |   |                                    |
|  |                              |   |                                    |
| 1001-411-  | · · · ·                      | · · · · · · · · · · · · · · · · · · ·                       |                                    |
| APPLICANT  |                              | CO-APPLICANT  |                                    |
| NAME (FIRST, LAST)   |                              | NAME (FIRST, LAST)  |                                    |
| 1 Cal - B. 11' - T   |                              | IVANUE (FIRST, LAST)  |                                    |
| Cate Building I  | UC.                          |   |                                    |
| MAILING ADDRESS: 639 Executive Place, Ste 40   |                              | V 10205   |                                    |
| 657 Executive Flace, Sie 10  | e, rayerre virie,            | C28303  |                                    |
| SOCIAL SECURITY # OR TIN   | CONTACT PHONE #              | SOCIAL SECURITY # OR TIN                                    | CONTRACTOR                         |
| 56-1957436   | 110.481.0503                 | SOCIED BESCICIT # OK IIIV                                   | CONTACT PHONE #                    |
|  |                              |   |                                    |
| DRIVER'S LICENSE # AND STATE   | DATE OF BIRTH .              | DRIVER'S LICENSE # AND STATE                                | DATE OF BIRTH                      |
|  |                              |   |                                    |
| EMPLOYER NAME.   |                              | EMPLOYER NAME   |                                    |
|  |                              |   |                                    |
| EMPLOYER ADDRESS   |                              |   | ,                                  |
| LAWED TEX ADDRESS  | PHONE #                      | EMPLOYER ADDRESS  | PHONE #                            |
|  |                              |   |                                    |
| PREVIOUS ADDRESS   |                              | PREVIOUS ADDRESS  |                                    |
|  |                              |   | *                                  |
| NAME OF NEAREST RELATIVE AND PHON  | 3# .                         | NAME OF NEAREST RELATIVE AND PR                             | HONE#                              |
|  |                              |   |                                    |
| I, the undersigned, do agree to abide by t   | he rules and regulations of  | of the Harnett county Department of I                       | Orablica Titalitati - Cit 117 C 17 |
|  |                              |   |                                    |
| TO TO THE OTHER TOT BELY I   | CC LU DE LESLOTELL I WILL N  | e required to part All DITE                                 | 1 400                              |
| fees resulting from court action to collect<br>of less than \$1.00 will not be refunded. I<br>sewer is being used, until the proper  |                              |   |                                    |
|  |                              |   |                                    |
| The state of the s | estucince of facility is not | epared for water connection. Mak                            | e sure all valves & fancets are    |
| The state of account which self  | rice.                        |   | Tarto de laucces are               |
| By signing this application, you are agree   | ng that you are at I ast 18  | rears of age.   |                                    |
| Customer Signature_ (  | 13                           |   |                                    |
| customer Signature   |                              | <i>f</i> :  | •                                  |
| FEES: Set-Up Fee \$15 \( \sum_{\text{Deposit}} \)  | Same Day \$4                 | FOR OFFICE USE ONLY  5Meter Fee \$70_VDamage \$             |                                    |
|  | , v,                         | 5Nictor ree \$70_\$ Damage \$_                              | Other \$                           |
| AMOUNT PAID: Cash \$   | Check \$                     | Credit Card   | 1.5                                |
| Account # Transferred From:  |                              | i   |                                    |
| Transferred From:  |                              | _Date To Turn Off   |                                    |
| ACCOUNT #: CID:  | _LID:_                       | WATER SEWER CRED  | TITL A PRINCIPLE (TOTAL)           |
| T  |                              | CREL  | IT: APPROVED / DENIED              |
| Turn On:Unlock Only:   | _Read Only:Ins               | tall: Customer Serv Rep                                     | ):                                 |
|  |                              |   |                                    |