

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 _____	Contract Date _____	Fees Due: Deposit, Owner, Water	\$25	Set Up Fee,
		Deposit, Owner, Sewer	\$25	all accounts: \$15
Date Service Requested _____		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: 156 Natures Way Dunn, NC 28334

Owner Renter _____ (PROPERTY OWNER & PHONE NO.) _____

APPLICANT		CO-APPLICANT	
NAME (FIRST, LAST) <u>Ken Dawson Homes, Inc.</u>		NAME (FIRST, LAST)	
MAILING ADDRESS: <u>2493 NC 14WY. 242 N. Benson, NC 27504</u>			
SOCIAL SECURITY # OR TIN <u>20-3458721</u>	CONTACT PHONE # <u>919-422-6979</u>	SOCIAL SECURITY # OR TIN	CONTACT PHONE #
DRIVER'S LICENSE # AND STATE <u>NC 8437159</u>	DATE OF BIRTH <u>2-21-74</u>	DRIVER'S LICENSE # AND STATE	DATE OF BIRTH
EMPLOYER NAME <u>Ken Dawson Homes, Inc.</u>		EMPLOYER NAME <u>N/A</u>	
EMPLOYER ADDRESS <u>Same As Above</u>	PHONE # <u>(919) 422-6979</u>	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 \$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 _____

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: _____ LID: _____ WATER _____ SEWER _____ CREDIT: APPROVED / DENIED

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