Fax#910-814-4002 or upload to www.sendthisfile.com/harnett, recipient utilitybilling@harnett.org

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 Deposit, Owner, Sewer Deposit, Rental, Water Deposit, Rental, Sewer					
							\$25 all accounts: \$15 \$50		
Date Service Requested							\$50 Meter Fee: \$70		
This agreement is to request the District's Rules and Regula									
Service Address: 41 Raint	ree Lane, S	pring Lake NC	28390						
Owner X Renter	_ (PROPERTY O	WNER & PHONE NO.	910-263-0	276					
APPLICANT				CO-APPLICANT					
NAME (FIRST, LAST)			NAME (FI	NAME (FIRST, LAST)					
Wellco Contractors Inc									
MAILING ADDRESS:									
PO Box 766, Spring La	ake, NC 28	390							
SOCIAL SECURITY # OR TIN	СО	NTACT PHONE #	SOCIAL S	ECURITY # OR	CURITY # OR TIN		CONTACT PHONE #		
56-0987619	87619 910								
DRIVER'S LICENSE # AND STA	TE DA	TE OF BIRTH	DRIVER'S	S LICENSE # AND STATE		DATE	E OF BIRTH		
EMPLOYER NAME			EMPLOYI	EMPLOYER NAME					
EMPLOYER ADDRESS		PHONE #	EMPLOYI	ER ADDRESS	0	PH	ONE#		
PREVIOUS ADDRESS			PREVIOU	PREVIOUS ADDRESS					
NAME OF NEAREST RELATIVE AND PHONE #			NAME OF	NAME OF NEAREST RELATIVE AND PHONE #					
I, the undersigned, do agree to make all payments on time who									
further notice. In order for serv	vice to be restor	ed, I will be require	ed to pay ALL	DUE amounts	plus a \$40 re	econnec	et fee. Any fees resulting		
from court action to collect or									
\$1.00 will not be refunded. If being used, until the propert									
LOSS. Please ensure residen									
requesting water service.		4h a 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	10 6 -						
By signing this application, yo Customer Signatur	/// // /	7	(//						
FOR OFFICE USE ONLY	e formula	y no	Mary						
FEES: Set-Up Fee \$15D	eposit \$	Same Da	y \$45Me	ter Fee \$70	_Damage \$		Other \$		
Account # Transferred From	:		Date To	Turn Off					
ACCOUNT #: CID:	L	ID:	WATER	SEWER	CRED	IT: AP	PROVED / DENIED		
Turn On:Unlock On	ly:R	ead Only:	Install:	Custom	er Serv Rep):			