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.

DEPOSIT	S BELOW APPLY TO AP	PROVED CREDIT ONLY	
Fees Due: Today's Date 4/15/2020 Contract Date		e: Deposit, Owner, Water \$25	all accounts: \$15
Date Service Requested ASAP		Deposit, Rental, Sewer \$50	
This agreement is to request the Harne the District's Rules and Regulations, t			
Service Address: 86 Rice Dr, An	gier, NC Lot 26 Planter's	s Glen	,
Owner X Renter (PROF	ERTY OWNER & PHONE NO.)	Four W's Inc 910-892-0436	
APPLICANT		CO-APPLICANT	
NAME (FIRST, LAST) Freedom Constructors Inc		NAME (FIRST, LAST)	
MAILING ADDRESS: PO BOX 608, Dunn, N	C 28334		
SOCIAL SECURITY # OR TIN 56-1182371	CONTACT PHONE # 910-892-1231	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 #	
the undersigned, do agree to abide make all payments on time when due without further notice. In order for seven resulting from court action to color less than \$1.00 will not be refunded ewer is being used, until the propamate of before requesting water and significant to the propagation of the pr	e as stated on the WATER/Service to be restored, I will be lect on an account will be the l. Property owners will be perty is sold or rented. It is residence or facility is preservice.	SEWER bill, the department has the required to pay ALL DUE amound responsibility of the customer. FI responsible for a monthly bill regardance of the customer of the customer. The country is not be a pared for water connection. Ma	ne right to disconnect my service this plus a \$30 reconnect fee. Any NAL BILLS with a credit balance ardless of whether water and/or RESPONSIBLE FOR WATER
Customer Signature	Timothy M. Tan	FOR OFFICE USE ONLY	-
EES: Set-Up Fee \$15Deposit \$_	Same Day \$4	5Meter Fee \$70Damage \$_	Other \$
AMOUNT PAID: Cash \$			
account # Transferred From:		Date To Turn Off	
CCOUNT #: CID:	LID:	WATERSEWERCRE	DIT: APPROVED / DENIED

Turn On: ____Unlock Only: ____Read Only: ____Install: ____ Customer Serv Rep: ___