WillCall

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\*\*\*

Owner Renter (PRO	PERTY OWNER & PHONE N	vo.)	na NC 2763
APPLICANT		CO-APPLICANT	
NAME (FIRST, LAST) LGI HOMES A	tn: Maria B	NAME (FIRST, LAST)	2.05%
MAILING ADDRESS:  1450 LOVE POOLINS  SOCIAL SECURITY # OR TIN	Dr. Ste 430	The woodlands Tx =	17386
	919-7-95-34	SOCIAL SECURITY # OP TIM	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 state of the s	the rules and regulations	s of the Harnett county Department of P WER bill, the department has the right to d to pay ALL DUE amounts plus a \$40 re lity of the customer. FINAL BILLS wi	disconnect my service wit

Harnett Regional Water 700 McKinney Parkway Lillington, NC 27546 Telephone: 910-893-7575 harnettwater.org

User: CPCIS	2		POS
Date: 6/23/2	020 307		Receipt: 2901
Customer 232561	Account 096178	Name LGI HOMES	
47 LAHIN	CH DR		
Misc Fees	/POS/Sys	s Dev	
1	3/4" MANUAL METER		70.00
1	SETUP FE	E	15.00
Amount Due		-	\$85.00
CHECK #SEDIV-00006399			\$(85.00)
Total Payment:		\$(85.00)	
BALANCE F	REMAINING	;	\$0.00
CHANGE			\$0.00

Trans Date: Jun 23, 2020 Time: 9:22:14AM

\*\*\* Thank You For Your Payment \*\*\*