

Will Call

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 <u>6/16/2020</u> | Contract Date _____ | Fees Due: Deposit, Owner, Water \$25 | Set Up Fee, all accounts: \$15 |
| Date Service Requested _____ | | Deposit, Owner, Sewer \$25 | |
| | | 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: TBD Avery Pond Drive Fuquay Varina NC 27326

Owner Renter _____ (PROPERTY OWNER & PHONE NO.)

739 Avery Pond

0653-35-3025

| APPLICANT | | CO-APPLICANT | |
|---|--|--------------------------------------|-----------------|
| NAME (FIRST, LAST) <u>LGI Homes AHN: Maria Brown</u> | | NAME (FIRST, LAST) | |
| MAILING ADDRESS: <u>1450 Lake Robbins Dr. Ste. 430 The Woodlands, TX 77380</u> | | | |
| SOCIAL SECURITY # OR TIN | CONTACT PHONE # <u>919-795-3922</u> | 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 # | |

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 [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: 232561 LID: 0961941 WATER _____ SEWER _____ CREDIT: APPROVED / DENIED

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

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

User: CPCIS2 POS
Date: 6/23/2020 307 Receipt: 2907

| Customer | Account | Name | |
|----------|---------|-----------|--|
| 232561 | 096194 | LGI HOMES | |

| | | | |
|------------------------------|-------------------|--|-----------|
| 96194 *UNASSIGNED | | | |
| Misc Fees/POS/Sys Dev | | | |
| 1 | 3/4" MANUAL METER | | 70.00 |
| 1 | SETUP FEE | | 15.00 |
| Amount Due | | | \$85.00 |
| CHECK #SEDIV-00006396 | | | \$(85.00) |
| Total Payment: | | | \$(85.00) |

BALANCE REMAINING \$0.00

CHANGE \$0.00

Trans Date: Jun 23, 2020 Time: 9:52:37AM

*** Thank You For Your Payment ***