

Fax#910-814-4002 or upload to [www.sendthisfile.com/harnett](http://www.sendthisfile.com/harnett), recipient [utilitybilling@harnett.org](mailto: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>6/16/20</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: 659 Avery Pond Drive Fuquay Varina NC 27526  
Owner \_\_\_\_\_ Renter \_\_\_\_\_ (PROPERTY OWNER & PHONE NO.) \_\_\_\_\_

APPLICANT		CO-APPLICANT	
NAME (FIRST, LAST) <u>LGI Homes ATTN: 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>919-795-8928</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: 091043 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: 2888

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Customer	Account	Name	
232561	096143	LGI HOMES	
659 AVERY POND DR			
<b>Misc Fees/POS/Sys Dev</b>			
1	3/4" MANUAL METER		70.00
1	SETUP FEE		15.00
Amount Due			<u>\$85.00</u>
	CHECK #SEDIV-00006384		<u>\$(85.00)</u>
Total Payment:			\$(85.00)
BALANCE REMAINING			\$0.00
CHANGE			\$0.00

Trans Date: Jun 23, 2020 Time: 8:32:59AM

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