

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>12/8/20</u> | Contract Date _____ | Fees Due: Deposit, Owner, Water \$25 | Set Up Fee, all accounts: \$15 |
| Date Service Requested <u>Will Call</u> | | 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: 50 Snow Goose Circle Dunn, NC 28334
 Owner Renter _____ (PROPERTY OWNER & PHONE NO.) Ken Dawson Homes, Inc. (919) 422-6979

| APPLICANT | | CO-APPLICANT | |
|--|--|--|-----------------------------|
| NAME (FIRST, LAST) <u>Ken Dawson Homes, Inc.</u> | | NAME (FIRST, LAST) | |
| MAILING ADDRESS: <u>2493 NC HWY. 242 N. Benson</u> <u>Dunn, NC 27504</u> | | | |
| SOCIAL SECURITY # OR TIN <u>20-3458721</u> | CONTACT PHONE # <u>919-422-6979</u> | SOCIAL SECURITY # OR TIN <u>N/A</u> | CONTACT PHONE # <u>A</u> |
| 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 _____

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: 115031 LID: 081913 WATER _____ SEWER _____ CREDIT: APPROVED / DENIED

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

115031