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_04/20/2021_ Contr	ract Date	Fees Due: Deposit, Owner, Water Deposit, Owner, Sewer Deposit, Rental, Water	\$25 Set Up Fee, \$25 all accounts: \$15 \$50
Date Service Requested_ASAP		Deposit, Rental, Water Deposit, Rental, Sewer	\$50 Meter Fee: \$70
This agreement is to request the Harnett the District's Rules and Regulations, to I			
Service Address: 280 Spring Hill	Church Rd Lillington	, NC 27546	
Owner_X Renter (PROPER	TY OWNER & PHONE NO.) $\frac{V}{}$	Veaver Homes, Inc- Samantha B	Grossman 1-919-410-5473
APPLICANT		CO-APPLICANT	
NAME (FIRST, LAST)		NAME (FIRST, LAST)	
Weaver Homes, Inc- Samantha B Grossman			
MAILING ADDRESS:			
350 Wagoner Drive Fayettevil	le, NC 28303		
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECURITY # OR TIN	CONTACT PHONE #
61-1763089	1-919-410-5473		
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 make all payments on time when due as a further notice. In order for service to be a from court action to collect on an accous \$1.00 will not be refunded. Property to being used, until the property is sold LOSS. Please ensure residence or facing requesting water service. By signing this application, you are agre Customer Signature	stated on the WATER/SEW restored, I will be required to the will be the responsibility owners will be responsible or rented. HARNETT Colity is prepared for water eing that you are at least 18	VER bill, the department has the right to pay ALL DUE amounts plus a \$40 by of the customer. FINAL BILLS were for a monthly bill regardless of COUNTY IS NOT RESPONSIBLE connection. Make sure all valves of 8 years of age.	to disconnect my service without reconnect fee. Any fees resulting with a credit balance of less than whether water and/or sewer is a FOR WATER DAMAGE OR a faucets are turned off before
Customer Signature FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit \$	Same Day \$	645Meter Fee \$70Damage S	\$Other \$
Account # Transferred From:Date To Turn Off			
ACCOUNT #: CID:	LID:	WATERSEWERCRE	DIT: APPROVED / DENIED

Turn On:_____Unlock Only:_____Read Only:____Install:_____ Customer Serv Rep: ___