## **HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES**

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\*\*\*

···DEFOSIT		FFROVED CREDIT ONLI · · ·	
Today's Date C	Fees D	1	Set Up Fee, all accounts: \$15
Today's Date Contract Date		Deposit, Rental, Water \$50	an accounts. \$15
Date Service Requested		Deposit, Rental, Sewer \$50	Meter Fee: \$70
his agreement is to request the Harn	ett County Department of P	ublic Utilities through normal procedur ver service connections at the following	
ervice Address:			
Owner Renter (PROF	PERTY OWNER & PHONE NO.)	)	
APPLICANT		CO-APPLICANT	
NAME (FIRST, LAST)		NAME (FIRST, LAST)	
MAILING ADDRESS:			
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	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 #	
take all payments on time when durithout further notice. In order for sees resulting from court action to coff less than \$1.00 will not be refunde ewer is being used, until the pro-	ne as stated on the WATEI service to be restored, I will llect on an account will be d. Property owners will be operty is sold or rented. re residence or facility is preservice.	as of the Harnett county Department of R/SEWER bill, the department has the last be required to pay ALL DUE amount the responsibility of the customer. FIN the responsible for a monthly bill regal HARNETT COUNTY IS NOT Reprepared for water connection. Mall 18 years of age.	e right to disconnect my servits plus a \$30 reconnect fee. ANAL BILLS with a credit balandless of whether water and RESPONSIBLE FOR WAT
Customer Signature			
EES: Set-Up Fee \$15Deposit \$	SSame Day	FOR OFFICE USE ONLY \$45Meter Fee \$70Damage \$_	Other \$
		S Credit Car	
.ccount # Transferred From:		Date To Turn Off	
CCOUNT #: CID:	LID:	WATERSEWERCRE	DIT: APPROVED / DENIE

Turn On:\_\_\_\_\_Unlock Only:\_\_\_\_\_Read Only:\_\_\_\_Install:\_\_\_\_\_ Customer Serv Rep: \_\_\_\_\_