

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>10/08/21</u> | Contract Date _____ | Fees Due: Deposit, Owner, Water | \$25 | Set Up Fee, | |
| Date Service Requested _____ | | Deposit, Owner, Sewer | \$25 | all accounts: | \$15 |
| | | 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: ¹⁶⁹ RED CEDAR WAY PIN 0653-66-7592.000

Owner Renter _____ (PROPERTY OWNER & PHONE NO.) D.R. Horton Inc. 919-407-2037

| APPLICANT | | CO-APPLICANT | |
|---|--|--------------------------------------|-----------------|
| NAME (FIRST, LAST) <u>D.R. Horton Inc.</u> | | NAME (FIRST, LAST) | |
| MAILING ADDRESS: <u>2000 Aerial Center Parkway Ste. 110A, Morrisville NC 27560</u> | | | |
| SOCIAL SECURITY # OR TIN <u>75-2386963</u> | CONTACT PHONE # <u>919-407-2037</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 Ally Moss

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: 157705 LID: 212310 WATER _____ SEWER _____ CREDIT: APPROVED / DENIED

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