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 10/20/21 Cor | | Pees Due: Deposit, Owner, Wa Deposit, Owner, Sev Deposit, Rental, Wa | wer \$25 all accounts: \$15 | |
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| Date Service Requested | | Deposit, Rental, Sev | | |
| This agreement is to request the Harne the District's Rules and Regulations, to | | | | |
| Service Address: LONG MEADOW LANE LOT | | OT 1 PIN# 0653 | 1 PIN# 0653-39-4218.000 | |
| Owner_X Renter (PROPI | ERTY OWNER & PHONE NO. | D.R. Horton Inc. 919-40 | 7-2037 | |
| APPLICANT | | CO-APPLICANT | | |
| NAME (FIRST, LAST) | | NAME (FIRST, LAST) | | |
| D.R. Horton Inc. | | | | |
| MAILING ADDRESS: | | | | |
| 2000 Aerial Center Parkway | Ste. 110A, Morrisv | rille NC 27560 | | |
| SOCIAL SECURITY # OR TIN | CONTACT PHONE # | SOCIAL SECURITY # OR TIN | CONTACT PHONE # | |
| 75-2386963 | 919-407-2037 | | | |
| DRIVER'S LICENSE # AND STATE | DATE OF BIRTH | DRIVER'S LICENSE # AND STATE | E 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 to make all payments on time when due a further notice. In order for service to be from court action to collect on an access 1.00 will not be refunded. Property being used, until the property is solutional solution by the property is solutional solution. Please ensure residence or farequesting water service. By signing this application, you are ag Customer Signature FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit \$ Account # Transferred From: | s stated on the WATER/S e restored, I will be require ount will be the responsible owners will be response d or rented. HARNETT cility is prepared for wa reeing that you are at leas Ally Woss Same Da | EWER bill, the department has the right to pay ALL DUE amounts plus a solility of the customer. FINAL BILL sible for a monthly bill regardless a COUNTY IS NOT RESPONSIFIED ter connection. Make sure all value to 18 years of age. The part of the customer of the part of t | ight to disconnect my service without \$40 reconnect fee. Any fees resulting LS with a credit balance of less than s of whether water and/or sewer is BLE FOR WATER DAMAGE OR wes & faucets are turned off before the before | |
| ACCOUNT #: CID: | LID: | WATERSEWERC | REDIT: APPROVED / DENIED | |
| Turn On:Unlock Only: | Read Only: | Install: Customer Serv | 7 Rep: | |