

HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES  
WATER USER'S AGREEMENT

**Form Must be Completed in Full Before Service is Made Available. ID is Required.**

**\*Deposits shown apply for customers with approved credit only!**

Today's Date: 3-31-22 Fees Due: Deposit, Owner, Water \$25 Connection Fee,  
Deposit, Owner, Sewer \$25 all accounts: \$15  
Date Service Requested: Will Call Deposit, Rental, Water \$50  
Deposit, Rental, Sewer \$50 **Meter Fee: \$70**

This agreement is to request 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:

**Please Print:** Subdivision Country Squire Lot # 86 Permit # (if applicable) \_\_\_\_\_

Service Address: 491 Old Salem Dr. Spring Lake, NC Landlord: Wellco Constructors, Inc.

Applicant's Name: Wellco Constructors, Inc.

Co-Applicant's Name: \_\_\_\_\_

Mailing Address: P. O. Box 766

Town: Spring Lake State: NC Zip: 28390  
Work \_\_\_\_\_

~~Home~~ Phone Number: 910-436-3131 Contact Phone Number: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Customer's Social Security #: 56-0987619 Co-App's Social Security #: \_\_\_\_\_  
Customer's Drivers License #: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Co-App's Drivers License #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Employer: \_\_\_\_\_


Employer's Address \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

Co-Applicant's Employer and Phone #: \_\_\_\_\_

Name of Nearest Relative: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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 services without further notice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$30 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. Any 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.** By signing this application, you are agreeing that you are at least 18 years of age.

Customer Signature: 

Amount Paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Account #: \_\_\_\_\_ CID: \_\_\_\_\_ LID: \_\_\_\_\_  
Account # Transferred From: \_\_\_\_\_ Date To Turn Off: \_\_\_\_\_  
Address of Transferred Account: \_\_\_\_\_ Turn On: \_\_\_\_\_ Read Only: \_\_\_\_\_ Install: \_\_\_\_\_