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 Con	ntract Date	Deposit, Rental, Water	\$25 all accounts: \$15 \$50
Date Service Requested		Deposit, Rental, Sewer	
This agreement is to request the Harne the District's Rules and Regulations, to			
Service Address: 367 Silver Ma	ple Drive Lot 30		
Owner_XRenter(PROP	ERTY OWNER & PHONE NO.) _	D.R. Horton Inc. 919-460-2	2922
APPLICANT		CO-APPLICANT	
NAME (FIRST, LAST)		NAME (FIRST, LAST)	
D.R. Horton Inc.			
MAILING ADDRESS:			
2000 Aerial Center Parkway	Ste. 110A, Morrisvil	le NC 27560	
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECURITY # OR TIN	CONTACT PHONE #
75-2386963	919-460-2922		
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 to make all payments on time when due a further notice. In order for service to b from court action to collect on an acc \$1.00 will not be refunded. Property being used, until the property is sol LOSS. Please ensure residence or farequesting water service. By signing this application, you are ag Customer Signature FOR OFFICE USE ONLY	s stated on the WATER/SEV e restored, I will be required ount will be the responsibil or owners will be responsibil d or rented. HARNETT of dicility is prepared for wate reeing that you are at least 1 Wichelle Karin	WER bill, the department has the right to pay ALL DUE amounts plus a \$40 ity of the customer. FINAL BILLS ble for a monthly bill regardless of COUNTY IS NOT RESPONSIBLE or connection. Make sure all valves 18 years of age.	t to disconnect my service without reconnect fee. Any fees resulting with a credit balance of less than whether water and/or sewer is E FOR WATER DAMAGE OR & faucets are turned off before
FEES: Set-Up Fee \$15Deposit \$		_	
Account # Transferred From:		_Date To Turn Off	
ACCOUNT #: CID:	LID:	_ WATERSEWERCRE	DIT: APPROVED / DENIED

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