

Harnett Regional Water
700 McKinney Parkway
Lillington, NC 27546
Telephone: 910-893-7575
harnettwater.org

User: CPCIS2 POS
Date: 2/24/2023 17231 Receipt: 144238

Customer Account Name
157705 215162 D R HORTON INC
42 PAPER BIRCH WAY

Misc Fees/POS/Sys Dev

1	WATER SYSTEM DEVE	2,000.00
1	3/4" AMI METER & MXU	325.00
1	SETUP FEE	15.00
1	SEWER SYSTEM DEVE	2,500.00

Amount Due 4,840.00

GRAND TOTAL: 4,840.00

MASTERCARD \$(4,840.00)
CONFIRMATION #4043
Total Payment: \$(4,840.00)

BALANCE REMAINING \$0.00

CHANGE \$0.00

Trans Date: Feb 24, 2023 Time: 2:12:33PM

*** Thank You For Your Payment ***
**** Enroll in Auto Pay Today ****

Fax#910-814-4002 or upload to www.sendthisfile.com/harnett, recipient utilitybilling@harnett.org

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>2/24/23</u>	Contract Date _____	Fees Due: Deposit, Owner, Water	\$25	Set Up Fee,
Date Service Requested <u>Will Call</u>		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: 42 Paper Birch Way Lot 145

Owner Renter _____ (PROPERTY OWNER & PHONE NO.) D.R. Horton Inc. 919-280-1025

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>919-280-1025</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 Jessica Evans-El

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: 25162 WATER _____ SEWER _____ CREDIT: APPROVED / DENIED

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