

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

User: CPCIS2 POS
Date: 5/9/2023 18668 Receipt: 154412

Customer	Account	Name
232835	215775	KB HOME RALEIGH-DURHAM INC 289 THOMAS GAGE DR

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

Amount Due	\$2,340.00
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GRAND TOTAL:	2,340.00
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CHECK #9092141	\$(2,340.00)
Total Payment:	\$(2,340.00)

BALANCE REMAINING	\$0.00
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CHANGE	\$0.00
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Trans Date: May 09, 2023 Time: 3:48:18PM

*** Thank You For Your Payment ***

**** Enroll in Auto Pay Today ****

HARNETT REGIONAL WATER

Equal Opportunity Provider and Employer
Water User's Agreement

Form Must be Completed in Full Before Service is Made Available
VALID PHOTO I.D. is Required

Today's Date <u>5/8/23</u> Set Up Fee All Accounts \$15 Same Day Service: \$50 Date Service Requested <u>5/9/23</u>	DEPOSITS (refunded to applicant only) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th></th> <th>APPROVED CREDIT</th> <th>DENIED CREDIT</th> </tr> </thead> <tbody> <tr> <td>OWNER WATER</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$50</td> </tr> <tr> <td>OWNER SEWER</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$50</td> </tr> <tr> <td>RENTER WATER</td> <td style="text-align: center;">\$50</td> <td style="text-align: center;">\$100</td> </tr> <tr> <td>RENTER SEWER</td> <td style="text-align: center;">\$50</td> <td style="text-align: center;">\$100</td> </tr> </tbody> </table>		APPROVED CREDIT	DENIED CREDIT	OWNER WATER	\$0	\$50	OWNER SEWER	\$0	\$50	RENTER WATER	\$50	\$100	RENTER SEWER	\$50	\$100
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This agreement is a formal request for Harnett Regional Water (HRW), through normal procedures and in accordance with the HRW Water & Sewer Ordinance and all relevant departmental policies, to provide water and /or sewer service connections at the following location:

Service Address: 289 Thomas Gage Dr Lot 124 Birchwood Grove

Owner Renter (PROPERTY OWNER & PHONE NO.) KB Home Raleigh Durham Inc 919 768 7979

Applicant Email Address enpollock@kbhome.com

APPLICANT		CO-APPLICANT	
NAME (FIRST, LAST) <u>KB Home Raleigh Durham Inc</u>		NAME (FIRST, LAST)	
MAILING ADDRESS: <u>4506 S Miami Blvd, Suite 100, Durham NC 27703</u>			
SOCIAL SECURITY # OR TIN <u>20-5726182</u>	CONTACT PHONE # <u>919-768-7986</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	

I, the undersigned, do agree to abide by all rules, regulations and policies of Harnett Regional Water as outlined in the HRW Water and Sewer Ordinance. 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. All initial and final bills are prorated based on the number of days in the service period. FINAL BILLS with a credit balance of less than \$3.00 will not be refunded. Deposits and/or credit balances are refunded in the applicant's name only. **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 REGIONAL WATER 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 Pollock, Erin Digitally signed by Pollock, Erin
Date: 2023.05.08 12:29:38 -04'00'

FOR OFFICE USE ONLY
FEES: Set-Up Fee \$15 Deposit \$ _____ Same Day \$50 Meter Fee \$325 Damage \$ _____ Other \$ 2,000

Account # Transferred From: _____ Date To Turn Off: _____

ACCOUNT #: CID: 232835 LID: 215775 WATER _____ SEWER _____ CREDIT: APPROVED / DENIED

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