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

User: CPCIS2

POS

Date: 5/9/2023 18668

Receipt: 154413

Customer Account Name 232835 215778 KB HOME RALEIGH-DURHAM

271 THOAMS GAGE DR

Misc Fees/POS/Sys Dev

WATER SYSTEM DEVE

3/4" AMI METER & MXU

SETUP FEE

325.00 15.00

Amount Due

\$2,340.00

2,000.00

GRAND TOTAL:

2,340.00

CHECK #9092142

Total Payment:

\$(2,340.00)

\$(2,340.00)

**BALANCE REMAINING** 

\$0.00

CHANGE

\$0.00

Trans Date: May 09, 2023

Time: 3:59:58PM

\*\*\* 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 5/8/23	C.H.E. All.	DEPOSITS (refunded to applicant only)		
Today's Date Oror 20	Set Up Fee All Accounts \$15	APPROVED C		EDIT DENIED CREDIT
	Same Day Service: \$50	OWNER WATER	\$0	\$50
E/0/02	and day service, 450	OWNER SEWER	\$0	\$50
Date Service Requested 5/9/23	in Frances	RENTER WATER	\$50	\$100
		RENTER SEWER	\$50	\$100
his agreement is a formal request f	or Harnett Regional Water (HR	W), through normal	procedures and in a	accordance with the HRW
Sewer Ordinance and all relevant	departmental policies, to provid	de water and /or sew	er service connection	ons at the following location
Service Address: 271 Thomas	Gage Dr	Lot	Birchwood Grove	125
Owner Renter (PRO	OPERTY OWNER & PHONE NO.) K	B Home Raleigh	Durham Inc 919	768 7979
Applicant Email Address	enpollock@kb	home.com		
APPLICANT		CO APPLICANT		
APPLICANT		CO-APPLICANT		
NAME (FIRST, LAST)		NAME (FIRST, LAST	7	
KB Home Raleigh Durham Inc				
MAILING ADDRESS:		1		
4506 S Miami Blvd, Suite 100	, Durham NC 27703			
		T		
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECURITY # OR TIN		CONTACT PHONE #
20-5726182	919-768-7986			
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE		DATE OF BIRTH
				D. III OI BIRTH
EMPLOYER NAME		EMPLOYER NAME		
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRESS		PHONE#
DREVIOUS ADDRESS		PREMIOUS - PRESS		
PREVIOUS ADDRESS		PREVIOUS ADDRES	5	
, the undersigned, do agree to abide	hy all rules regulations and a	oligies of Hamou D	raional Water	tlined in the LIDAY AV
ewer Ordinance. Should I fail to r	nake all payments on time who	oncies of Harnett Re	ne WATER/SEWE	R hill the department has
ight to disconnect my service witho	ut further notice. In order for se	ervice to be restored	L will be required to	nav ALL DHE amounter
\$40 reconnect fee. Any fees resul	ting from court action to collec	et on an account will	be the responsibility	v of the customer. All ini
nd final bills are prorated based on	the number of days in the service	ce period. FINAL B	ILLS with a credit l	palance of less than \$3.00
ot be refunded. Deposits and/or cre	edit balances are refunded in the	e applicant's name or	nly. Property own	ners will be responsible for
nonthly bill regardless of whether	water and/or sewer is being u	sed, until the prope	rty is sold or rente	d. HARNETT REGION
VATER IS NOT RESPONSIBLE	FOR WATER DAMAGE OF	R LOSS. Please ens	sure residence or f	acility is prepared for wa
onnection. Make sure all valves	& faucets are turned off befo	ore requesting water	er service. By sig	ning this application, you
greeing that you are at least 18 year	Sof age	Digitally signed by	Pollock, Erin	
greeing that you are at least 18 year Customer Signature_	Poliock, Erin	Date: 2023.05.08	12:29:38	
OR OFFICE USE ONLY				2,000
EES: Set-Up Fee \$15Deposit	\$Same Day \$	50Meter Fee \$	325Damage \$_	Other \$_2,000
ccount # Transferred From:		Date To Turn O	off:	
ACCOUNT #: CID: 23283	210000			
CCOUNT #: CID: &J& 85	7 rid: 912 / 18	WATERSE	WERCREDI	T: APPROVED / DENIE
urn On: Unlock Only:	Read Only: Insta	all: Cust	omer Serv Ren:	