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

User: CPCIS2

POS

Date: 5/9/2023 18668

Receipt: 154416

Customer Account Name

232835 215781 KB HOME RALEIGH-DURHAM INC

97 TARLETON DR

Misc Fees/POS/Sys Dev

WATER SYSTEM DEVE

3/4" AMI METER & MXU

2,000.00 325.00

SETUP FEE 1

15.00

Amount Due

\$2,340.00

GRAND TOTAL:

2,340.00

CHECK #9092140

\$(2,340.00)

Total Payment:

\$(2,340.00)

BALANCE REMAINING

\$0.00

CHANGE

\$0.00

Trans Date: May 09, 2023

Time: 4:06:05PM

\*\*\* 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

5/9/23	Set Up Fee All Accounts \$15			DEPOSITS (refunded to applicant only)			
Today's Date 5/8/23				APPROVED CF			
	5	Same	e Day Service: \$50	OWNER WATER	\$0	\$50	
			e bay dervice. \$50	OWNER SEWER	\$0	\$50	
Date Service Requeste	ed_5/9/23			RENTER WATER	\$50	\$100	
	mal request for Harnett Regional Water (HR		RENTER SEWER	\$50	\$100		
This agreement is a for	mal request for Ha	arne	tt Regional Water (HR)	W), through normal	procedures and in a	ecordance with the HRW	
		rtini	entai policies, to provid			ns at the following location	
Service Address: 97	l arleton Dr			Lot	Birchwood Grove	96	
		ry c	WNER & PHONE NO.) KI	B Home Raleigh	Durham Inc 919	768 7979	
Applicant Email Addre	ss		enpollock@kbl	nome.com			
	APPLICANT			CO-APPLICANT			
NAME (FIRST, LAST)				NAME (FIRST, LAST)			
KB Home Raleigh Durham Inc							
MAILING ADDRESS:							
4506 S Miami Blvd	, Suite 100, Du	rha	m NC 27703				
SOCIAL SECURITY # O	SOCIAL SECURITY # OR TIN CONTAC		ONTACT PHONE #	SOCIAL SECURITY # OR TIN		CONTACT PHONE #	
912 120000000			9-768-7986			CONTACT THORE	
				4			
DRIVER'S LICENSE # AND STATE		DATE OF BIRTH		DRIVER'S LICENSE # AND STATE		DATE OF BIRTH	
EMPLOYER NAME	YER NAME		EMPLOYER NAME				
EMPLOYER ADDRESS	PHONE #		EMPLOYER ADDRESS		PHONE #		
DDEVIOUS ADDDESS				DREVIOUS ADDRES	c		
PREVIOUS ADDRESS				PREVIOUS ADDRESS			
Sewer Ordinance. Sho right to disconnect my sa \$40 reconnect fee. A and final bills are prorated to be refunded. Depo- monthly bill regardles WATER IS NOT RES connection. Make sur- agreeing that you are at Customer Sigr	service without fur the service without fur any fees resulting ted based on the n sits and/or credit to sof whether wate SPONSIBLE FOR re all valves & fat teast 18 years of	all rther from umb palar er a R W auce	payments on time when notice. In order for seen court action to collect per of days in the service process are refunded in the nod/or sewer is being us ATER DAMAGE OF ets are turned off befollock, Erin	n due as stated on the rvice to be restored, at on an account will be period. FINAL Black applicant's name of sed, until the proper R LOSS. Please ensure requesting water Digitally signed by Date: 2023.05.08	ne WATER/SEWER I will be required to be the responsibility ILLS with a credit be inly. Property owne rty is sold or rented sure residence or fa er service. By sign Pollock, Erin 12:29:38	lined in the HRW Water at bill, the department has pay ALL DUE amounts pay of the customer. All initial alance of less than \$3.00 vers will be responsible for the customer. All initial be responsible for the customer. HARNETT REGION. Incility is prepared for waiting this application, you ther \$_2,000	
Account # Transferred	d From:		- 001	Date To Turn O	off:		
ACCOUNT #: CID:	2836	I	ID: 215/81	WATER SE	WER CREDIT	Γ: APPROVED / DENIE	
			ead Only: Insta				