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

User: CPCIS2

POS

Date: 6/22/2023 19508

Receipt: 160540

Customer Account Name 192043 216194 PRECISION CUST HOMES

303 SOLOMON

RENO LLC

Misc Fees/POS/Sys Dev

WATER SYSTEM DEVE

2,000.00

3/4" AMI METER & MXU

325.00

SETUP FEE

15.00

Amount Due

\$2,340.00

GRAND TOTAL:

2,340.00

VISA

\$(2,340.00)

CONFIRMATION #9589

Total Payment:

\$(2,340.00)

BALANCE REMAINING

\$0.00

CHANGE

\$0.00

Trans Date: Jun 22, 2023

Time: 3:29:50PM

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

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 6/22/23 Contract Date		Fees Due:	Deposit, Owner, Water Deposit, Owner, Sewer		
Date Service Requested 6/23/23			Deposit, Rental, Water Deposit, Rental, Sewer	\$50 \$50 Meter Fee: \$70	
Service Address.	non Dr (Lot 43) Camero	n, NC 28326	through normal procedurencetions at the following	es and in accordance with	
OwnerX Renter(PROP	ERTY OWNER & PHONE NO.)	Gardner, S	haun / Galt Land Devel	opment, LLC, 910-988-8172	
APPLICANT			CO-APPLICANT		
NAME (FIRST, LAST) Gardner, Shaun / Galt Land Development, LLC		NAME (FII	RST, LAST)		
MAILING ADDRESS: 206 Shoreline Dr. Raeford, NC 26					
SOCIAL SECURITY # OR TIN 595-18-1568 (SSN), 82-5237295 (EIN for Galt)	CONTACT PHONE # 910-988-8172	SOCIAL SI	ECURITY # OR TIN	CONTACT PHONE #	
DRIVER'S LICENSE # AND STATE 28680347 / NC	DATE OF BIRTH July 30, 1981	DRIVER'S	LICENSE # AND STATE	DATE OF BIRTH	
EMPLOYER NAME Precision Custom Homes / Shaun	Gardner / Self Employe	EMPLOYE	R NAME		
EMPLOYER ADDRESS 206 Shoreline Dr. Raeford, NC 283	PHONE # 910-988-8172	EMPLOYE	R ADDRESS	PHONE #	
PREVIOUS ADDRESS 256 Briar Hill Rd. Raeford, NC 28376		PREVIOUS	PREVIOUS ADDRESS		
NAME OF NEAREST RELATIVE AND PHONE # Sarah Gardner / 330-968-9299		NAME OF 1	NAME OF NEAREST RELATIVE AND PHONE #		
I, the undersigned, do agree to abide by make all payments on time when due as further notice. In order for service to be from court action to collect on an acco \$1.00 will not be refunded. Property being used, until the property is sold LOSS. Please ensure residence or face requesting water service. By signing this application, you are agree Customer Signature FOR OFFICE USE ONLY	restored, I will be required unt will be the responsibiliowners will be responsibilior rented. HARNETT (cility is prepared for water	WER bill, the to pay ALL I to pay ALL I to pay from the cus ole for a mon COUNTY IS r connection.	department has the right to DUE amounts plus a \$40 r. tomer. FINAL BILLS withly bill regardless of with NOT RESPONSIBLE. Make sure all valves &	o disconnect my service without econnect fee. Any fees resulting ith a credit balance of less than whether water and/or sewer is FOR WATER DAMAGE OR	
FEES: Set-Up Fee \$15Deposit \$_	Same Day		er Fee \$70Damage \$	Other S	
Account # Transferred From:	211 1911	Date To T			
ACCOUNT #: CID: 192043	LID: 216194	WATER_	SEWERCRED	IT: APPROVED / DENIED	
Turn On:Unlock Only:	Read Only:In	stall:	_ Customer Serv Rep		