## **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 Contract Date				Deposit, Owner, Water Deposit, Owner, Sewer		Set Up Fee, all accounts: \$15
Date Service Requested			_	Deposit, Rental, Water Deposit, Rental, Sewer	\$50	Meter Fee: \$70
This agreement is to request the Harnett County Department of Pul			L11 - TT//11//	-		
the District's Rules and Regulations,	to provi	de water and /or sewe	er service co	nnections at the following	g location	n:
Service Address: 54 Paper Bird	h Way	y Lot 144				
Owner_XRenter(PROI	PERTY O	WNER & PHONE NO.) _	D. R. Ho	orton, Inc. 919-28	0-1025	<u>.</u>
APPLICANT			CO-APPLICANT			
NAME (FIRST, LAST)			NAME (FIRST, LAST)			
D.R. Horton Inc.						
MAILING ADDRESS:						
2000 Aerial Center Parkway	/ Ste.	110A, Morrisvill	e NC 27	7560		
SOCIAL SECURITY # OR TIN	СО	NTACT PHONE #	SOCIAL S	ECURITY # OR TIN	CON	TTACT PHONE #
75-2386963	91	19-280-1025				
DRIVER'S LICENSE # AND STATE	DA	TE OF BIRTH	DRIVER'S	LICENSE # AND STATE	DAT	E OF BIRTH
EMPLOYER NAME			EMPLOYER NAME			
EMPLOYER ADDRESS		PHONE #	EMPLOYE	ER ADDRESS	PI	HONE #
PREVIOUS ADDRESS			PREVIOUS ADDRESS			
NAME OF NEAREST RELATIVE AND PHONE #			NAME OF NEAREST RELATIVE AND PHONE #			
I, the undersigned, do agree to abide make all payments on time when due further notice. In order for service to be from court action to collect on an access. So will not be refunded. Propert being used, until the property is so LOSS. Please ensure residence or frequesting water service.  By signing this application, you are a Customer Signature FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit  Account # Transferred From:	as stated be restored out with a state of the count with a state of th	on the WATER/SEV red, I will be required ill be the responsibilities will be responsibilities will be responsibented. HARNETT (as prepared for water that you are at least 1 lassica van Same Day)	VER bill, the to pay ALL ty of the cu le for a mo COUNTY I r connection 8 years of a le COUNTY I when the county I was a le COUNTY I when the county I was a le COUNTY I was a	e department has the right DUE amounts plus a \$40 stomer. FINAL BILLS on thly bill regardless of S NOT RESPONSIBLE  n. Make sure all valves of ge.  ter Fee \$70Damage	to disco reconne with a cr whether E FOR V & fauce	onnect my service withou ct fee. Any fees resulting redit balance of less thar r water and/or sewer is WATER DAMAGE OR ts are turned off before Other \$
ACCOUNT #: CID:	Ll	D:	WATER	SEWERCRE	DIT: AI	PPROVED / DENIED
Turn On:Unlock Only:	R	ead Only: In	stall:	Customer Serv Re	ep:	