

Fax#910-814-4002 or upload to www.sendthisfile.com/harnett, recipient utilitybilling@harnett.org

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 <u>6/22/23</u>	Contract Date _____	Fees Due: Deposit, Owner, Water	\$25	Set Up Fee,
Date Service Requested <u>6/23/23</u>		Deposit, Owner, Sewer	\$25	all accounts: \$15
		Deposit, Rental, Water	\$50	
		Deposit, Rental, Sewer	\$50	Meter Fee: \$70

This agreement is to request the Harnett County Department of Public Utilities through normal procedures and in accordance with the District's Rules and Regulations, to provide water and /or sewer service connections at the following location:

Service Address: 123 Sears Dr (Lot 27) Cameron, NC 28326

Owner Renter _____ (PROPERTY OWNER & PHONE NO.) Gardner, Shaun / Galt Land Development, LLC, 910-988-8172

APPLICANT		CO-APPLICANT	
NAME (FIRST, LAST) Gardner, Shaun / Galt Land Development, LLC		NAME (FIRST, LAST)	
MAILING ADDRESS: 206 Shoreline Dr. Raeford, NC 28376			
SOCIAL SECURITY # OR TIN 595-18-1568 (SSN), 82-5237295 (EIN for Galt)	CONTACT PHONE # 910-988-8172	SOCIAL SECURITY # 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 Employed		EMPLOYER NAME	
EMPLOYER ADDRESS 206 Shoreline Dr. Raeford, NC 28376	PHONE # 910-988-8172	EMPLOYER ADDRESS	PHONE #
PREVIOUS ADDRESS 256 Briar Hill Rd. Raeford, NC 28376		PREVIOUS ADDRESS	
NAME OF NEAREST RELATIVE AND PHONE # Sarah Gardner / 330-968-9299		NAME OF NEAREST RELATIVE AND PHONE #	

I, the undersigned, do agree to abide by the rules and regulations of the Harnett county Department of Public Utilities. 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. FINAL BILLS with a credit balance of less than \$1.00 will not be refunded. **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 COUNTY 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 MR

FOR OFFICE USE ONLY

FEES: Set-Up Fee \$15 Deposit \$ _____ Same Day \$50 Meter Fee \$70 Damage \$ _____ Other \$ _____

Account # Transferred From: _____ Date To Turn Off _____

ACCOUNT #: CID: 192043 LID: 216192 WATER _____ SEWER _____ CREDIT: APPROVED / DENIED

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