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

User		

POS

Date: 3/31/2023 17905

Receipt: 149128

Customer Account Name

416155 215517 SKIPBALLOR LLC

438 LAMBERT LN

Misc Fees/POS/Sys Dev

men er vegen i		
1	SETUP FEE	15.00
1	3/4" AMI METER & MXU	325.00
1	SEWER SYSTEM DEVE	2,500.00
1	WATER SYSTEM DEVE	2,000.00

Amount Due

\$4,840.00

GRAND TOTAL:

4,840.00

VISA CONFIRMATION #1133 \$(4,840.00)

Total Payment:

\$(4,840.00)

BALANCE REMAINING

\$0.00

CHANGE

\$0.00

Trans Date: Mar 31, 2023

Time: 3:00:10PM

\*\*\* 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 3-71-23 Set	TI- P All A	DEPOSITS (re	funded to applicant	only)		
Today's Date 3-77 25 Set	Up Fee All Accounts \$15	APPROVED C		EDIT DENIED CREDIT		
-	Same Day Service: \$50	OWNER WATER	\$0	\$50		
		OWNER SEWER	\$0	\$50		
Date Service Requested will call }	vapurell Jeroin	RENTER WATER	\$50	\$100		
This agreement is a formal request for H	arnett Regional Water (HR	RENTER SEWER W) through normal	procedures and in a	\$100		
& Sewer Ordinance and all relevant depart	artmental policies, to provid	le water and /or sew	er service connection	ons at the following location:		
Service Address: 438 Lam						
Owner X Renter (PROPER	TY OWNER & PHONE NO.)	Stipballor LL	6, 919-791	6-1547		
Applicant Email Address						
APPLICANT		CO-APPLICANT				
NAME (FIRST, LAST)		NAME (FIRST, LAST	)	***************************************		
Skiphallor, LLC						
MAILING ADDRESS:						
	2 E.	1/201 12	1 20021			
944 S. Willhauen L	rive, Fuguery	varing, Ni	C 7.1366			
SOUR BECORTT # OR TH	CONTACT THORE#	SOCIAL SECURITY # OR TIN		CONTACT PHONE #		
87-1801135	919-796-1547					
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE		DATE OF BIRTH		
23781281						
EMPLOYER NAME		EMPLOYER NAME				
PARIOTE APPREC				T		
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRES	SS	PHONE #		
PREVIOUS ADDRESS		PREVIOUS ADDRESS				
the undersigned, do agree to abide by ewer Ordinance. Should I fail to make ght to disconnect my service without fu \$40 reconnect fee. Any fees resulting and final bills are prorated based on the not be refunded. Deposits and/or credit by the refunded of the nonthly bill regardless of whether was water IS NOT RESPONSIBLE FOR Onnection. Make sure all valves & for greeing that you are at least 18 years of the control of the refunded of the properties of the pr	all payments on time when rther notice. In order for se from court action to collect number of days in the service palances are refunded in the er and/or sewer is being use R WATER DAMAGE OF aucets are turned off before	n due as stated on the rvice to be restored, at on an account will be period. FINAL Blue applicant's name of sed, until the proper R LOSS. Please ensured.	ne WATER/SEWER I will be required to be the responsibilit ILLS with a credit b ruly. Property own rty is sold or rente sure residence or for	R bill, the department has the pay ALL DUE amounts plut y of the customer. All initial palance of less than \$3.00 with the responsible for d. HARNETT REGIONAL acility is prepared for water		
EES: Set-Up Fee \$15Deposit \$_	Same Day S	50 Meter Fee S.	325 Damage \$	Other \$		
ccount # Transferred From:						
CCOUNT#: CID: 416155	LID: 215517	WATERSE	WERCREDI	T: APPROVED / DENIER		
urn On: Unlock Only:	Read Only: Insta	ill: Cust	omer Serv Rep:			