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

harnettwater.org

User: CPCIS Date: 5/30/2	T	50	POS Receipt: 156988
Customer 429905	Account 215908	Name CHESAPEAK	E HOMES
126 LITTL	E BRANC	H DR	
Misc Fees	/POS/Sy	s Dev	
1	WATER S	SYSTEM DEVE	2,000.00
1	SEWER S	SYSTEM DEVE	2,500.00
1	3/4" AMI I	METER & MXU	325.00
1	SETUP F	EE	15.00
Amount Due			\$4,840.00
GRAND TOTAL:			4,840.00
VISA CONFIRMATION #2069			\$(4,840.00)
Total Payment:			\$(4,840.00)

BALANCE REMAINING \$0.00

CHANGE \$0.00

Trans Date: May 30, 2023 Time: 12:04:05PM *** 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

DEPOSITS (refunded to applicant only)

Date Service Requested When Care his agreement is a formal request for Harnett F. Sewer Ordinance and all relevant department ervice Address:/2C LITTLE RO DWNET_X Renter (PROPERTY OWN APPLICANT NAME (FIRST, LAST) CHECAPEAKE HONES MAILING ADDRESS: 3100 SMOKETREE CT STE SOCIAL SECURITY # OR TIN CONT	TACT PHONE #	CHESAPEAKE	er service connections a	\$50 \$50 \$100 \$100 rdance with the HRW Wat the following location:	
Date Service Requested Will CALL Date Service Requested Will CALL Date Service Requested Will CALL Disagreement is a formal request for Harnett F Sewer Ordinance and all relevant department Dervice Address: /2	Regional Water (HR tal policies, to provide the providence of the	OWNER SEWER RENTER WATER RENTER SEWER RW, through normal de water and /or sew CHESAPTAKE OM NAME (FIRST, LAST	\$0 \$50 \$50 procedures and in accordance reservice connections a 140HES 410.3	\$50 \$100 \$100 rdance with the HRW W It the following location:	
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MAILING ADDRESS: 3100 SMOKETREE CT , STE SOCIAL SECURITY # OR TIN CONT DRIVER'S LICENSE # AND STATE DATE	TACT PHONE #		7604		
3100 SMOKETREE CT STE SOCIAL SECURITY # OR TIN CONT DRIVER'S LICENSE # AND STATE DATE	TACT PHONE #		7604		
CONTENT OR TIN CONTEN	TACT PHONE #		7604		
DRIVER'S LICENSE # AND STATE DATE		SOCIAL SECURITY			
1	E OF BIRTH	SOCIAL SECORITY # OR TIN		CONTACT PHONE #	
BMPLOYER NAME			# AND STATE DAT	TE OF BIRTH	
LOYER NAME		EMPLOYER NAME			
EMPLOYER ADDRESS	PHONE#	EMPLOYER ADDRE	ESS P	PHONE #	
PREVIOUS ADDRESS		PREVIOUS ADDRES	SS I	,	
the undersigned, do agree to abide by all rule over Ordinance. Should I fail to make all pay the to disconnect my service without further no 40 final bills are prorated based on the number of the refunded. Deposits and/or credit balance on the hill regardless of whether water and the ATER IS NOT RESPONSIBLE FOR WAs nunection. Make sure all valves & faucets are cing that you are at least 18 years of age.	ayments on time who notice. In order for so court action to collect of days in the servi- tes are refunded in the d/or sewer is being u ATER DAMAGE O	en due as stated on t ervice to be restored, ct on an account will ce period. FINAL B ae applicant's name of used, until the propo R LOSS. Please en	the WATER/SEWER bit, I will be required to pay the the responsibility of the the responsibility of the	ill, the department has the yALL DUE amounts plus the customer. All initing of less than \$3.00 will be responsible for HARNETT REGIONA ity is prepared for water	
ustomer Signature 517			1225 Daniel D	Other \$	
EES: Set-Up Fee \$15Deposit \$					
CCOUNT #: CID: 429905 LII	D215908	_ Date To Turn (Off:	APPROVED / DENIEI	
	A TO TO		CREDIT.	LA ACTION DENTE	
ırn On:Unlock Only:Rea	101	4 - 11 - 24	stomer Serv Rep:		