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

User: CPCIS2

POS

Date: 9/11/2023 21027

Receipt: 171687

Customer Account Name

234235 216928 KB HOMES RALEIGH

486 SAINT CLAIR DR DURHAM INC

Misc Fees/POS/Sys Dev

WATER SYSTEM DEVE

3,000.00

3/4" AMI METER & MXU 1

325.00

1 SETUP FEE 15.00

Amount Due

1

\$3,340.00

GRAND TOTAL:

3,340.00

CHECK #9093421

\$(3,340.00)

Total Payment:

\$(3,340.00)

BALANCE REMAINING

\$0.00

CHANGE

\$0.00

Trans Date: Sep 11, 2023

Time: 3:56:36PM

*** 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

			DEDOCITO		1.3
Today's Date09/07/202	Set Up Fee All Accounts \$15		DEPOSITS (refunded to applicant only)		
			OWNED WATER	APPROVED CRED	
	Sam	e Day Service: \$50	OWNER WATER OWNER SEWER	\$0 \$0	\$50 \$50
Date Service Requested 09/08/2023			RENTER WATER	\$50	\$100
			RENTER SEWER	\$50	\$100
his agreement is a formal req Sewer Ordinance and all rele					
ervice Address: 486 S	aint Clair D)rive	Lot 175 ¾	Birchwood Grove	
	(PROPERTY OWNER & PHONE NO.) KB Home Raleigh Durham Inc 919 768 7979				
Applicant Email Address		enpollock@kb	home.com		
APPLICANT			CO-APPLICANT		
NAME (FIRST, LAST)			NAME (FIRST, LAST)	
KB Home Raleigh Durhai	n Inc				
MAILING ADDRESS: 4506 S Miami Blvd, Suite	100, Durha	am NC 27703			
SOCIAL SECURITY # OR TIN	C	ONTACT PHONE #	SOCIAL SECURITY # OR TIN		CONTACT PHONE #
DRIVER'S LICENSE # AND STATE DA		ATE OF BIRTH	DRIVER'S LICENSE # AND STATE		OATE OF BIRTH
EMPLOYER NAME			EMPLOYER NAME		
EMPLOYER ADDRESS		PHONE #	EMPLOYER ADDRE	ss	PHONE #
PREVIOUS ADDRESS			PREVIOUS ADDRES	S	
the undersigned, do agree to Sewer Ordinance. Should I far ight to disconnect my service a \$40 reconnect fee. Any fees and final bills are prorated basenot be refunded. Deposits and monthly bill regardless of who WATER IS NOT RESPONS connection. Make sure all vagreeing that you are at least 1 Customer Signature for Office USE ONLY	il to make all without further resulting from the number of credit balanter water at IBLE FOR Valves & fauces years of age	payments on time when renotice. In order for seem court action to collect ber of days in the service necessare refunded in the and/or sewer is being us WATER DAMAGE OF the sare turned off before the control of the co	en due as stated on the revice to be restored, at on an account will be period. FINAL Be applicant's name of used, until the proper R LOSS. Please ensure requesting wat	he WATER/SEWER I will be required to p be the responsibility ILLS with a credit ba nly. Property owne crty is sold or rented. sure residence or face er service. By signi	bill, the department has the bay ALL DUE amounts plus of the customer. All initical lance of less than \$3.00 with the same of the responsible for the customer. HARNETT REGIONA cility is prepared for water ng this application, you as
FEES: Set-Up Fee \$15D					
Account # Transferred From	:	211 1-01	_ Date To Turn O	Off:	
.ccount #: cid: 234	235	LID: 216928	WATERSE	WERCREDIT	: APPROVED / DENIE
Turn On: Unlock On	ly: I	Read Only: Inst	all: Cust	tomer Serv Rep:	