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

User: CPCIS2

POS

Date: 10/19/2023 21819

Receipt: 177124

Customer<br/>216309Account<br/>217144Name<br/>SOUTHERN TOUCH HOMES LLC

152 THISTLE CT

Misc Fees/POS/Sys Dev

WATER SYSTEM DEVE

3/4" AMI METER & MXU

SETUP FEE

3,000.00 325.00 15.00

Amount Due

\$3,340.00

GRAND TOTAL:

3,340.00

CHECK #003672

\$(3,340.00)

Total Payment:

\$(3,340.00)

**BALANCE REMAINING** 

\$0.00

CHANGE

\$0.00

Trans Date: Oct 19, 2023

Time: 2:59:13PM

\*\*\* 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

YALID PHOTO I.D. is Required

| Today's Date - 25-23  |  | DEPOSITS (refunded to applicant only)  |  |  |
|---|--|--|--|--|
| roday's Date 1 02-02  | Set Up Fee All Accounts \$15   | A CONTRACTOR OF THE CONTRACTOR | APPROVED CREDI   |  |
|   | Same Day Service: \$50   | OWNER WATER  | SO   | S50  |
| Date Service Requested  | 11611804   | OWNER SEWER  | SO SO  | \$50   |
| Date Service Requested >  | Call Call  | RENTER WATER   | \$50   | \$100  |
| his agreement is a formal request   | for Harnett Regional Water (HR   | W), through normal   | procedures and in acco   | S100   |
| Sewer Ordinance and all relevant  | departmental policies, to provide  | de water and for sew   | er service connections   | at the following location  |
| ervice Address: 152   | Thiste Ct.   | Sonton   | d nc a   | 7332   |
| Owner Renter (PR  | OPERTY OWNER & PHONE NO.)  | Southern   | tarh Ho  | mes 919-L  |
| Applicant Email Address Salt  | hem touch han  | reslic a   | omil c   | am   |
| APPLICA   | CO-APPLICANT   |  |  |  |
| NAME (FIRST, LAST)  |  | NAME (FIRST, LAST)   |  |  |
| 2011them 40   | ouch Mand  |  |  |  |
| MAILING ADDRESS:  | 121  |  |  |  |
| 10 150X 9   | 155 Ana  | ier no   | 2250   |  |
| SOCIAL SECURITY # OR TIN  | CONTACT PHONE #  | SOCIAL SECURITY &  | OR TIN CON   | NTACT PHONE #  |
| 2-1063398   | 919-639-4072   |  |  |  |
| DRIVER'S LICENSE # AND STATE  | DATE OF BIRTH  | DRIVER'S LICENSE   | AND STATE DAT  | TE OF BIRTH  |
| EMPLOYER NAME   |  | EMPLOYER NAME  |  |  |
|   |  |  |  |  |
| EMPLOYER ADDRESS PHONE #  |  | EMPLOYER ADDRESS PHO   |  | HONE #   |
| PREVIOUS ADDRESS  |  | PREVIOUS ADDRESS   |  |  |
| the undersigned, do agree to abide ewer Ordinance. Should I fail to n ght to disconnect my service without \$40 reconnect fee. Any fees resulted final bills are prorated based on the property of the refunded. Deposits and/or created based on the property of the refunded. Deposits and/or created based on the property of the refunded o | that further notice. In order for ser<br>ting from court action to collect<br>the number of days in the service<br>adit balances are refunded in the<br>water and/or sewer is being us<br>FOR WATER DAMAGE OR<br>& faucets are turned off befo | on an account will be period. FINAL BI applicant's name on led, until the proper   | e WATER/SEWER bill will be required to pay be the responsibility of LLS with a credit balantly. Property owners ty is sold or rented. If | II, the department has to ALL DUE amounts plot the customer. All init time of less than \$3.00 wwill be responsible for IARNETT REGIONAL |
| DR OFFICE USE ONLY EES: Set-Up Fee S15_Deposit  | Same Day \$5   | 0Meter Fee \$3   | 25Damage S   | Other \$   |
| ccount # Transferred From:  |  | Date To Turn Of  | T:   |  |
| CCOUNT #: CID: 21636  | 59 LID: 217144   | WATERSEV   | VER CREDIT: A  | PPROVED / DENIEI   |
| urn On: Unlock Only:  | Read Only: Instal  |  |  |  |
| Omock Only.   | Read Only:Instal   | u: Custo   | mer Serv Rep:  | <b>经基础的</b>  |