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

User: CPCIS2

POS

Date: 10/24/2023 21902

Receipt: 177456

Customer Account Name

157705 217177 DR HORTON INC

129 HAWKSMOORE LN

Misc Fees/POS/Sys Dev

WATER SYSTEM DEVE

3/4" AMI METER & MXU 325.00

SETUP FEE

15.00

3,000.00

Amount Due

\$3,340.00

GRAND TOTAL:

3,340.00

MASTERCARD

CONFIRMATION #7615

\$(3,340.00)

Total Payment:

\$(3,340.00)

**BALANCE REMAINING** 

\$0.00

CHANGE

\$0.00

Trans Date: Oct 24, 2023

Time: 9:39:19AM

\*\*\* Thank You For Your Payment \*\*\* \*\*\*\* Enroll in Auto Pay Today \*\*\*\*

## 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 1024123 Co  |   | rees Due:   | Deposit, Owner, Water<br>Deposit, Owner, Sewer<br>Deposit, Rental, Water<br>Deposit, Rental, Sewer  | \$25 all accounts: \$15<br>\$50<br>\$50 Meter Fee: \$70  |
|--|---|---|---|--|
| This agreement is to request the Harn  | ett County Department of P  | ublic Utilities   | through normal procedur   | es and in accordance with  |
| the District's Rules and Regulations,  Service Address: 129 Hawksn   |   | ver service co  | nnections at the following  | ; location:  |
|  | PERTY OWNER & PHONE NO.)  | D. R. Ho  | rton, Inc. 919-280  | )-1025   |
| APPLICANT  |   | CO-APPLICANT  |   |  |
| NAME (FIRST, LAST)   | ***************************************   | NAME (FI  | RST, LAST)  |  |
| D.R. Horton Inc.   |   |   |   |  |
| MAILING ADDRESS:   |   |   |   |  |
| 2000 Aerial Center Parkway   | Ste. 110A, Morrisvi   | lle NC 27   | 560   |  |
| OCIAL SECURITY # OR TIN CONTACT PHONE #  |   | SOCIAL S  | SOCIAL SECURITY # OR TIN  | CONTACT PHONE #  |
| 75-2386963   | 919-280-1025  |   |   |  |
| DRIVER'S LICENSE # AND STATE   | DATE OF BIRTH   | DRIVER'S  | LICENSE # AND STATE   | DATE OF BIRTH  |
| EMPLOYER NAME  |   | EMPLOYER NAME   |   |  |
| EMPLOYER ADDRESS   | PHONE #   | EMPLOYE   | R ADDRESS   | PHONE #  |
| PREVIOUS ADDRESS   |   | PREVIOUS ADDRESS  |   |  |
| NAME OF NEAREST RELATIVE AND PHONE #   |   | NAME OF NEAREST RELATIVE AND PHONE #  |   |  |
| I, the undersigned, do agree to abide make all payments on time when due a further notice. In order for service to be from court action to collect on an acc \$1.00 will not be refunded. Propert being used, until the property is so LOSS. Please ensure residence or for requesting water service. By signing this application, you are as Customer Signature FOR OFFICE USE ONLY FEES: Set-Up Fee \$15 Deposit States of the count # Transferred From: | as stated on the WATER/SE be restored, I will be required count will be the responsibility owners will be responsible or rented. HARNETT acility is prepared for water greeing that you are at least passica (van | WER bill, the d to pay ALL! lity of the cur ble for a mon COUNTY IS er connection 18 years of ag us— []  S45MerDate To [] | department has the right DUE amounts plus a \$40 mstomer. FINAL BILLS with the bill regardless of vision of vision of the bill regardless of vision | to disconnect my service without<br>reconnect fee. Any fees resulting<br>with a credit balance of less that<br>whether water and/or sewer in<br>FOR WATER DAMAGE OIL<br>& faucets are turned off befor |
|  |   |   |   |  |
| Turn On: Unlock Only:  | Read Only: I  | nstall:   | Customer Serv Re  | ρ:   |