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 Con | | Deposit, I | Owner, Sewer Rental, Water | \$25 Set Op Fee, \$25 all accounts: \$15 \$50 | |
|--|--|---|--|---|--|
| Date Service Requested This agreement is to request the Harnet | | Deposit, F | Rental, Sewer | \$50 Meter Fee: \$70 | |
| This agreement is to request the Harnet the District's Rules and Regulations, to | | | | | |
| Service Address: 245 Blue Aspe | en Drive - Lot 59 | | | | |
| OwnerX Renter (PROPE | ERTY OWNER & PHONE N | D. R. Horton, Inc | 919-280 |)-1025 | |
| APPLICANT | | С | CO-APPLICANT | | |
| NAME (FIRST, LAST) | | NAME (FIRST, LAST) | NAME (FIRST, LAST) | | |
| D.R. Horton Inc. | | | | | |
| MAILING ADDRESS: | | | | | |
| 2000 Aerial Center Parkway | Ste. 110A, Morris | sville NC 27560 | | | |
| SOCIAL SECURITY # OR TIN | CONTACT PHONE # | SOCIAL SECURITY # C | SOCIAL SECURITY # OR TIN CONTACT PHONE # | | |
| 75-2386963 | 919-280-1025 | | | | |
| DRIVER'S LICENSE # AND STATE | DATE OF BIRTH | DRIVER'S LICENSE # 1 | AND STATE | DATE OF BIRTH | |
| EMPLOYER NAME | | EMPLOYER NAME | EMPLOYER NAME | | |
| EMPLOYER ADDRESS | PHONE # | EMPLOYER ADDRESS | | PHONE # | |
| PREVIOUS ADDRESS | | PREVIOUS ADDRESS | PREVIOUS ADDRESS | | |
| NAME OF NEAREST RELATIVE AND PHONE # | | NAME OF NEAREST R | NAME OF NEAREST RELATIVE AND PHONE # | | |
| I, the undersigned, do agree to abide be make all payments on time when due as further notice. In order for service to be from court action to collect on an access \$1.00 will not be refunded. Property being used, until the property is sold LOSS. Please ensure residence or farequesting water service. By signing this application, you are agreed. Customer Signature | s stated on the WATER/ e restored, I will be requi- bunt will be the response owners will be respon- d or rented. HARNET cility is prepared for water reeing that you are at lease | SEWER bill, the departmen red to pay ALL DUE amout ibility of the customer. Finsible for a monthly bill restricted to the customer. To COUNTY IS NOT REstater connection. Make sunst 18 years of age. | t has the right ints plus a \$40 i NAL BILLS v regardless of v SPONSIBLE re all valves & | to disconnect my service with reconnect fee. Any fees resulti with a credit balance of less the whether water and/or sewer FOR WATER DAMAGE (& faucets are turned off before | |
| Customer Signature FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit \$ | Same I | Oay \$45Meter Fee \$70 | Damage \$ | Other \$ | |
| Account # Transferred From: | | Date To Turn Off_ | | | |
| ACCOUNT #: CID: | LID: | WATERSEWE | ERCREI | DIT: APPROVED / DENIEL | |
| Turn On:Unlock Only: | Read Only: | _Install: Custo | omer Serv Re | p: | |