

KCD17

Fax#910-814-4002 or upload to www.sendthisfile.com/harnett, recipient utilitybilling@harnett.org

## 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 <u>3/10/25</u>	Contract Date _____	Fees Due: Deposit, Owner, Water \$25	Set Up Fee, all accounts: \$15
		Deposit, Owner, Sewer \$25	
		Deposit, Rental, Water \$50	
Date Service Requested _____		Deposit, Rental, Sewer \$50	Meter Fee: \$70

This agreement is to request the Harnett County Department of Public Utilities through normal procedures and in accordance with the District's Rules and Regulations, to provide water and /or sewer service connections at the following location:

Service Address: 103 Decatur Dr.

Owner ☒ Renter \_\_\_\_\_ (PROPERTY OWNER & PHONE NO.) Adams Homes (customer# 228967)  
raleighpermits@adams homes.com

APPLICANT		CO-APPLICANT	
NAME (FIRST, LAST) <u>Amanda Allen permit coordinator</u>		NAME (FIRST, LAST)	
MAILING ADDRESS: <u>100 W. Garden St. (att. and floor admin) Pensacola, FL, 32502</u>			
SOCIAL SECURITY # OR TIN	CONTACT PHONE # <u>9192336747</u>	SOCIAL SECURITY # OR TIN	CONTACT PHONE #
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE	DATE OF BIRTH
EMPLOYER NAME <u>Adams Homes AEC, LLC</u>		EMPLOYER NAME	
EMPLOYER ADDRESS	PHONE # <u>9192336747</u>	EMPLOYER 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 by the rules and regulations of the Harnett county Department of Public Utilities. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my service without further notice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$40 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. FINAL BILLS with a credit balance of less than \$1.00 will not be refunded. **Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used, until the property is sold or rented. HARNETT COUNTY IS NOT RESPONSIBLE FOR WATER DAMAGE OR LOSS.** Please ensure residence or facility is prepared for water connection. Make sure all valves & faucets are turned off before requesting water service.

By signing this application, you are agreeing that you are at least 18 years of age.

**Customer Signature** Amanda Allen

FOR OFFICE USE ONLY

FEES: Set-Up Fee \$15 \_\_\_ Deposit \$ \_\_\_ Same Day \$50 \_\_\_ Meter Fee \$70 \_\_\_ Damage \$ \_\_\_ Other \$ \_\_\_

Account # Transferred From: \_\_\_\_\_ Date To Turn Off \_\_\_\_\_

ACCOUNT #: CID: \_\_\_\_\_ LID: \_\_\_\_\_ WATER \_\_\_ SEWER \_\_\_ CREDIT: APPROVED / DENIED

Turn On: \_\_\_\_\_ Unlock Only: \_\_\_\_\_ Read Only: \_\_\_\_\_ Install: \_\_\_\_\_ Customer Serv Rep: \_\_\_\_\_