KC114.

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

## HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES

## **Equal Opportunity Provider and Employer**

Water User's Agreement

|   |                         | Water User's              | Agreeme                              | Available, I.D. is Requir                        | ed.                  |  |
|---|-------------------------|---------------------------|--------------------------------------|--|----------------------|--|
| Form Must be Comp   | leted                   | ow APPLY TO API           | PROVED (                             | Available. I.D. is Requir<br>CREDIT ONLY***      |                      |  |
| ***DEPOSITS   | Fees Due:               | Deposit, Chiner,          | \$25                                 | Set Up Fee,                                      |                      |  |
| Today's Date 10/10/25 Contract Date   |                         |                           | 2                                    | Deposit, Owner, Sewer                            | \$25<br>\$50         | all accounts: \$15                                     |
|   |                         |                           |                                      | Deposit, Rental, Water<br>Deposit, Rental, Sewer | \$50                 | Meter Fee: \$70  |
| Date Service Requested  |                         |                           |                                      | Deposit, Rental, Sewer                           |                      |  |
|   | Cou                     | nty Department of Pub     | lic Utilities                        | through normal procedur                          | es and I             | n accordance with                                      |
|   |                         |                           |                                      | nnections at the following                       | locuno               |  |
| 12  | 0.                      | Sal WC+ MA                | 6.0                                  |  |                      |  |
| Service Address:  | TV O                    | WNER & PHONE NO.)         | dan                                  | permits@a  | Jston                | ner#228916   |
| Owner Renter (PROPER  | (110                    | 7                         | aleigh                               | permis@a   | dan                  | 15 homes.co  |
|   | CO-APPLICANT            |                           |                                      |  |                      |  |
| APPLICANT   |                         |                           | 00 / 11 02 01 11                     |  |                      |  |
| NAME (FIRST, LAST)  |                         |                           | NAME (FIRST, LAST)                   |  |                      |  |
| NAME (FIRST, LAST)  |                         |                           |                                      |  |                      |  |
| Amanda Allen perr   | MIT                     | CONCINE.                  |                                      |  |                      |  |
| MAILING ADDRESS:  |                         | ond.                      | 1                                    | PenSacola, F                                     | 1 5                  | 22 500   |
| IDD W Garden St   | . (                     | att difloor               | amin)                                | remoderation,                                    | T CON                | TACT PRIORE  |
| SOCIAL SECURITY # OR TIN  | CO                      | NTACT PHONE #             | SOCIAL S                             | ECURITY # OR TIN                                 | LON                  | TACT PHONE #   |
| SOCIAL SECTION 1 " ===  | a                       | 92336747                  |                                      |  |                      |  |
|   |                         | TE OF BIRTH               | DRIVER'S                             | LICENSE # AND STATE                              | DAT                  | E OF BIRTH   |
| DRIVER'S LICENSE # AND STATE  | DA                      | TE OF BIRTH               |                                      |  | 1                    |  |
|   |                         |                           |                                      |  |                      |  |
| EMPLOYER NAME   |                         |                           | EMPLOYE                              | R NAME   |                      |  |
| Adams Homes AE  | n                       | LLC                       |                                      |  |                      |  |
|   | ~                       | PHONE #                   | EMPLOYE                              | R ADDRESS  | PF                   | HONE #   |
| EMPLOYER ADDRESS  |                         | _                         |                                      |  |                      |  |
|   |                         | 91923310747               |                                      |  |                      |  |
| PREVIOUS ADDRESS  |                         |                           | PREVIOUS ADDRESS                     |  |                      |  |
| TREVIOUS TELEFORM   | TOTAL ATIVE AND PHONE # |                           |                                      |  |                      |  |
| NAME OF NEAREST RELATIVE AND PHONE #  |                         |                           | NAME OF NEAREST RELATIVE AND PHONE # |  |                      |  |
|   |                         |                           |                                      |  |                      |  |
| I, the undersigned, do agree to abide by make all payments on time when due as s                                      | the r                   | ules and regulations o    | f the Harne<br>ER bill, the          | ett county Department of I                       | Public U<br>to disco | Utilities. Should I fail to<br>nnect my service withou |
| make all payments on time when due as s<br>further notice. In order for service to be r                               | restor                  | ed, I will be required to | pay ALL                              | DUE amounts plus a \$40 i                        | econne               | edit balance of less that                              |
| from court action to collect on an accou  | HIL W                   | ill be the respense       |                                      | All begardless of 1                              | whether              | r water and/or sewer i                                 |
| ti on will not be refunded. Property  | DAATIC                  | is will be respecti       | ON VINTER PORT IN                    | NOT DECDONCIRLE                                  | FOR V                | VATER DAMAGE OF  |
| \$1.00 will not be refunded. Property of being used, until the property is sold LOSS. Please ensure residence or faci | or re                   | nted. HAKINELL C          | connection                           | . Make sure all valves &                         | k faucet             | ts are turned off before                               |
|   |                         |                           |                                      |  |                      |  |
| requesting water service. By signing this application, you are agree  | eing 1                  | that you are at least 18  | years of ag                          | ge.  |                      |  |
| By signing this application, you are agree<br>Customer Signature  | 1                       | seeds &                   | lll                                  | n  |                      |  |
| Customer, Signerer 6  | ب                       |                           | 7.0 N.G.                             | E- 970 Namage S                                  |                      | Other \$   |
| FEES: Set-Up Fee \$15 Deposit \$_   |                         | Same Day \$               | 50Me                                 | er ree 3/vramage 3                               | -                    | O CARCA O  |
| Account # Transferred From:   |                         |                           | Date To                              | Furn Off   |                      |  |
| Account # Transferred From:   |                         |                           |                                      | ע בו מון מין מין מין מין מין מין מין מין מין מי  | NT. AE               | PRAVED / NEWIED  |
| ACCOUNT #: CID:   | LI                      | D:                        | WATER _                              | SEWERCKEL  | PEE: AAF             | INOAEN L DEMEN   |
| Tarra On: Unlock Only:  | R                       | ead Only:Ins              | tall:                                | — Customer Serv Re                               | ٠                    |  |