

## Fax#910-814-4002 or upload to www.sendthisfile.com/harnett, recipient utilitybilling@In arnett.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\*\*\*

***DEPOSITS	BELOW APPLY TO APP	Face Duce	Deposit, Owner, Water	\$25 Set Up Fee,	
-14.100		rees Due:	Deposit, Owner, Sewer	\$25 all accounts: \$15	
Today's Date 7/10/25. Contr	act Date	5	Deposit, Rental, Water Deposit, Rental, Sewer	\$50 \$50 <b>Meter</b> Fee: \$70	
Date Service Requested			d	es and in accordance with	
Date Service Requested					
215 Kinling Creek Dr.					
This agreement is to request the District's Rules and Regulations, to provide water and /or sewer service connections at the following location:  Service Address:					
Owner Renter (PROPERTY OWNER & THOSE OF TO			aleighpermits@adams homes.com		
APPLICANT		CO-APPLICANT			
- 1977		NAME (FIRST, LAST)			
NAME (FIRST, LAST)					
Amanda Allen permit coordinator					
MAILING ADDRESS:  100 W. Garden St	. (att . and joor a	idmin)	Pensacola, F	1,32502	
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL S	ECURITY # OR TIN	CONTACT PHONE #	
SOCIAL SECURIT 1 # OK THE	9192336747				
	DATE OF BIRTH	DRIVER'S	S LICENSE # AND STATE	DATE OF BIRTH	
DRIVER'S LICENSE # AND STATE	DATE OF BIKIN				
		EMPLOYER NAME			
Adams Homes AEC, LLC					
Adams Homes HE	0,000	EMBLOVI	ER ADDRESS	PHONE #	
EMPLOYER ADDRESS	PHONE #	EMPLOTE	K ADDICESS		
	91923310147				
PREVIOUS ADDRESS		PREVIOUS ADDRESS			
		NAME OF NEAREST RELATIVE AND PHONE #			
NAME OF NEAREST RELATIVE AND PHONE #					
	1 d romilations 0	f the Harns	ett county Department of P	Public Utilities. Should I fail to	
I, the undersigned, do agree to abide by the rules and regulations of the Harnett county Department of Public Utilities. Should I fail to I, the undersigned, do agree to abide by the rules and regulations of the Harnett county Department of Public Utilities. Should I fail to 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 ray service without make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect ray service without make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect ray service without make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect ray service without make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect fee. Any fees resulting					
1 If warments on time with due as stated on the					
action to collect on an account will be the representation of whether water and/or sewer is					
at 00 will not be refunded. Property owners the property of th					
\$1.00 will not be refunded. Property owners will be responsible for a monthly bill regardless of whether water and of the state of the					
LOSS. Please ensure residence or laci	ity is prepared to				
requesting water service.  By signing this application, you are agreeing that you are at least 18 years of age.					
Charles of Signature 14.11 of Signature					
FOR OFFICE USE ONLY  Same Day \$50 Meter Fee \$70 Damage 5 Other 5					
Date To Turn Off					
ACCOUNT # I FAMSICITE & FORM	LID:	WATER	SEWERCRED	HT: APPROVED / DENIED	
ACCOUNT #: CID: WATER SEWER CREDIT: APPROVED / DENIED  ACCOUNT #: CID: WATER SEWER CREDIT: APPROVED / DENIED  Turn On: Unlock Only: Read Only: Install: Customer Serv Rep:					
Turn On:Unlock Only:	read Only.				