

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

***DEFUSIES	الارارار	7 TT 122 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	Fees Due:	Deposit, Owner, Water	\$25 Set Up Fee,	
Today's Date Contr	ract D			Deposit, Owner, Sewer Deposit, Rental, Water	\$25 all accounts: \$15 \$50	
				Deposit, Rental, Sewer	\$50 Meter Fee: \$70	
Date Service Requested This agreement is to request the Harnett		D to and of Dub	lic Hilities	through normal procedure	s and in accordance with	
	$M \cup M $	TO WHILE THE				
Service Address: <u>14</u> CO	OK	ier Branc	NO.	La Hanner (cul	c+nmer++ 228917	
Service Address: (PROPER	TY O	WNER & PHONE NO.) <u>k</u>	aleigh	permits@ac	lams homes.com	
APPLICANT			CO-APPLICANT			
		NAME (FIRST, LAST)				
NAME (FIRST, LAST)						
Amanda Allen perr	mit	CODYAINATU				
MAILING ADDRESS: IDD W. Garden St	,	ond .	1	DONSORNAF	22 502	
IDD W. Garden St	_(att . a floora	amin)	ECURITY # OR TIN	CONTACT PHONE #	
SOCIAL SECURITY # OR TIN	COI	NTACT PHONE #	SOCIAL SI	CORIT # OR TEX	110,12	
	9	92336747				
DRIVER'S LICENSE # AND STATE		TE OF BIRTH	DRIVER'S	LICENSE # AND STATE	DATE OF BIRTH	
			EMPLOYE	D NAME		
EMPLOYER NAME			EMPLOTE	K MADIN		
Adams Homes AEC, LLC					PHONE #	
EMPLOYER ADDRESS		PHONE #	EMPLOYE	R ADDRESS	THORE #	
		91923319147				
PREVIOUS ADDRESS				PREVIOUS ADDRESS		
NAME OF NEAREST RELATIVE AND PHONE #				NAME OF NEAREST RELATIVE AND PHONE #		
b				c n	A II - Thillie - OL - A I Y Coll to	
I, the undersigned, do agree to abide by make all payments on time when due as a further notice. In order for service to be a from court action to collect on an accoust 1.00 will not be refunded. Property obeing used, until the property is sold LOSS. Please ensure residence or faci	estore nt wil	ed, I will be required to the the responsibility will be responsible	pay ALL I y of the cus e for a moi	OUE amounts plus a \$40 restormer. FINAL BILLS winthly bill regardless of w	th a credit balance of less than hether water and/or sewer is	
requesting water service.		. 10	of on	0		
By signing this application, you are agree Customer Signature	omg ti		220	n		
FOR OFFICE USE ONLY Demosit S Demosit S		Same Day S	50Met	er Fee \$70Damage 5_	Other 3	
Account # Transferred From:			Date To 7	Turn Off		
Account # Transferred From:				CONTRACTOR OF THE RESIDENCE	T. APPRAVEN / NENIEN	
ACCOUNT #: CID:	_LII	D:	WATER_	SEWEKCKEDI	: ARROVED/DENIED	
Turn On:Unlock Only:	Re	ad Only:Ins	tall:	— Chermier Dera keeh		