

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	Fees Due: Deposit, Owner, Water	\$25 Set Up Fee,
Cont			\$25 all accounts: \$15
Today's Date Cont		Deposit, Rental, Sewer	\$50 Met er Fee: \$70
Date Service Requested This agreement is to request the Harnett	D twent of Dub	1: 1 Milities through normal procedu	res and in accordance with
This agreement is to request the Harnett the District's Rules and Regulations, to	provide water and /or sewer	r service connections at the following	g location:
119 Dec	ator-Dr.		
Service Address.		Idams Homes (c)	USTOMET#228967
the District's Rules and Regulations, to Service Address:	RTY OWNER & PHONE NO.)	aleighpermits@a	dams homes co
APPLICANT			
NAME (FIRST, LAST)		NAME (FIRST, LAST)	
Amanda Allen permit coordinator			
Amangu Alker Leir	MIT CONCILIATOR		
MAILING ADDRESS: IDD W. Garden St	Call and	down Densamor F	1 32 502
IDD W. Garden St	. (att . a floora	SOCIAL SECURITY # OR TIN	CONTACT PHONE#
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECONT II ON 12	
	9192336747		T A STORY OF THE S
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE	DATE OF BIRTH
DRIVER'S EIGENSE			
		EMPLOYER NAME	
EMPLOYER NAME			
Adams Homes AE	C,LLC	EMPLOYER ADDRESS	PHONE #
EMPLOYER ADDRESS	PHONE "	EMPLOYER ADDRESS	
	91923310747		
PREVIOUS ADDRESS		PREVIOUS ADDRESS	
PREVIOUS ADDICAGE		NAME OF NEAREST RELATIVE AND PHONE #	
NAME OF NEAREST RELATIVE AND PHONE #		NAME OF NEAREST RELATIVE AND THORSE	
1			D. 1.11 - Thillian
I, the undersigned, do agree to abide by	the rules and regulations of	f the Harnett county Department of	to disconnect my service without
- 1 II marmonte on time wiell due as s	stated on me	A T TO TIP to plue a \$40 :	reconnect tee — Any tees resulting
C. the stice In order for service to be i	CStored, I will be a	CDIAL DILICA	with a credit balance of less than
contaction to collect on an accou	IIII WIII De the respense	' - 41 131 was and loce of a	whether water and/or sewer is
\$1.00 will not be refunded. Property to being used, until the property is sold	or rented. HARNETT CO	OUNTY IS NOT RESPONSIBLE	& fancets are turned off before
LOSS. Please ensure residence of faci	lity is prepared for water	connection. Wake sufe an valves	
requesting water service.	aing that you are at least 18	years of age.	
By signing this application, you are agree Customer Signature	ong mar your death	llen	
Customer Signature FOR OFFICE USE ONLY FEES: Set-Up Fee \$15 Deposit \$_	Same Day \$	50Meter Fee \$70Damage S	Other \$
kers: Sec-ob-ecc 212		Date To Turn Off	
Account # Transferred From:		Date 10 1 atm On	
ACCOUNT # CID:	LID:	WATERSEWERCREI)IT: APPROVED / DENIED
Turn On: Unlock Only:	Read Only:Inst	tall: Customer Serv Re	P: