HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES

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***

Todov's Dete	Fees Du		1 '		Set Up Fee,
Today's Date Contr		Date	Deposit, Owner, Sewer Deposit, Rental, Water	\$25 a \$50	ıll accounts: \$15
Date Service Requested		_	Deposit, Rental, Sewer		Meter Fee: \$70
This agreement is to request the District's Rules and Regula					
Service Address:					
OwnerRenter	_ (PROPERTY C	WNER & PHONE NO.)			
APPLICANT			CO-APPLICANT		
NAME (FIRST, LAST)			NAME (FIRST, LAST)		
MAILING ADDRESS:					
SOCIAL SECURITY # OR TIN	CC	NTACT PHONE #	SOCIAL SECURITY # OR TIN	(CONTACT PHONE #
DRIVER'S LICENSE # AND STA	TE DA	TE OF BIRTH	DRIVER'S LICENSE # AND STA	ATE I	DATE OF BIRTH
EMPLOYER NAME	I		EMPLOYER NAME		
EMPLOYER ADDRESS		PHONE #	EMPLOYER ADDRESS		PHONE #
PREVIOUS ADDRESS			PREVIOUS ADDRESS		
NAME OF NEAREST RELATIVE AND PHONE #			NAME OF NEAREST RELATIVE AND PHONE #		
, the undersigned, do agree to make all payments on time without further notice. In ordices resulting from court action fless than \$1.00 will not be sewer is being used, until DAMAGE OR LOSS. Pleasurned off before requesting By signing this application, you	when due as state of the for service to the collect on refunded. Property see ensure reside water services on are agreeing	ated on the WATER/S to be restored, I will be an account will be the perty owners will be r is sold or rented. It lence or facility is pre- that you are at least 18	SEWER bill, the department is required to pay ALL DUE responsibility of the customer responsible for a monthly bit HARNETT COUNTY IS repared for water connection years of age.	has the rig amounts pl er. FINAL ill regardle NOT RESI n. Make su	ght to disconnect my servicus a \$30 reconnect fee. An BILLS with a credit balances of whether water and/oPONSIBLE FOR WATE
Customer Signatu	re	racobs	EOD OFFICE LISE ONLY		
FEES: Set-Up Fee \$15D	eposit \$	Same Day \$4	5Meter Fee \$70Dam	nage \$	Other \$
AMOUNT PAID: Cash \$		Check \$	Cre	dit Card \$_	
Account # Transferred Fron	n:		Date To Turn Off		
ACCOUNT#: CID:	I.	ID:	WATER SEWER	CREDIT	: APPROVED / DENIED

Turn On: _____Unlock Only: _____Read Only: _____Install: _____ Customer Serv Rep: _____