KC0100

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

DEI GOITS		Fees Due: Deposit, Owner, Water	\$25 Set Up Fee,
Today's DateCon	tract Date	Deposit, Owner, Sewer	\$25 all accounts: \$15 \$50
		Deposit, Rental, Water Deposit, Rental, Sewer	\$50 <b>Meter Fee:</b> \$70
Date Service Requested	CD.1	Lie Dilities through normal procedure	es and in accordance with
This agreement is to request the Harnet the District's Rules and Regulations, to	provide water and /or sewer	r service connections at the following	location:
Service Address:	Kipling Ch	A James Homes (all	1c+nmer+ 208916
Owner Renter (PROPE	RTY OWNER & PHONE NO.)	aleighpermits@ac	dams homes.co
APPLICANT		Adams Homes (customer#228916 aleighpermits@adams homes.co	
TOTAL LACTO		NAME (FIRST, LAST)	
Amanda Allen permit coordinator			
Amanga Alker per	MIT COOKAINAIN		
MAILING ADDRESS:	t. Catt. and poor o	admin) PenSacola, F	1,32,502
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECURITY # OR TIN	CONTACT PHONE #
SOCIAL SECORIT WORLD	9192336747		
	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE	DATE OF BIRTH
DRIVER'S LICENSE # AND STATE	DATE OF BRITT		
		THE OWER NAME	
EMPLOYER NAME	0	EMPLOYER NAME	
Adams Homes At	ic, LLC		
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRESS	PHONE #
	91923310747		
		PREVIOUS ADDRESS	
PREVIOUS ADDRESS			
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 further notice. In order for service to be from court action to collect on an accors 1.00 will not be refunded. Property being used, until the property is sold LOSS. Please ensure residence or fac	restored, I will be required to unt will be the responsibility owners will be responsible	o pay ALL DUE amounts plus a \$40 re y of the customer. FINAL BILLS w e for a monthly bill regardless of w	econnect fee. Any fees resulting ith a credit balance of less that whether water and/or sewer it FOR WATER DAMAGE OF
requesting water service. By signing this application, you are agre			
By signing this application, you are agreed that the signature	11 male 1	llen	
FOR OFFICE USE ONLY OFFICE SetaUn Fee \$15 Deposit \$_	Same Day \$	50Meter Fee \$70Damage \$	Other \$
Account # Transferred From:		Date To Turn Off	
ACCOUNT #: CID:	LID:	WATERSEWERCRED	IT: APPROVED / DENIED
furn On: Unlock Only:	Read Only:Ins	stall: Customer Serv Rep	):