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

| Today's Date Co | ntract Date | Deposit, Owner, Water Deposit, Owner, Sewer Deposit, Rental, Water | r \$25 all accounts: \$15 |
|---|--|---|---|
| Date Service Requested | | Deposit, Rental, Sewer | |
| This agreement is to request the Harne the District's Rules and Regulations, t | | | |
| Service Address: 201 K | ipling Creek | Dr. | |
| Owner Renter (PROP. | ERTY OWNER & PHONE NO.) | Adams Homes (c | Ustomer# 22891 |
| APPLICANT | | aleighpermits@adams homes.co | |
| NAME (FIRST, LAST) | | NAME (FIRST, LAST) | |
| Amanda Allen per | mit coordinator | | |
| 100 W. Garden S | | idmin) Pensacola, F | 1,32502 |
| SOCIAL SECURITY # OR TIN | CONTACT PHONE # | SOCIAL SECURITY # OR TIN | CONTACT PHONE # |
| DRIVER'S LICENSE # AND STATE | DATE OF BIRTH | DRIVER'S LICENSE # AND STATE | DATE OF BIRTH |
| Adams Homes AEC, LLC | | 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 abide by ake all payments on time when due as other notice. In order for service to be ome court action to collect on an account. 300 will not be refunded. Property ing used, until the property is sold DSS. Please ensure residence or fact questing water service. It is signing this application, you are agreeustomer Signature | stated on the WATER/SEWI restored, I will be required to unt will be the responsibility owners will be responsible or rented. HARNETT CO ility is prepared for water of the ceing that you are at least 18 | ER bill, the department has the right to pay ALL DUE amounts plus a \$40 r of the customer. FINAL BILLS we for a monthly bill regardless of volunty IS NOT RESPONSIBLE connection. Make sure all valves & years of age. | to disconnect my service without reconnect fee. Any fees resulting with a credit balance of less that whether water and/or sewer is FOR WATER DAMAGE OF |
| PR OFFICE USE ONLY EES: Set-Up Fee \$15 Deposit \$_ | | | Other \$ |
| count # Transferred From: | | Date To Turn Off | |
| CCOUNT #: CID: | _LID: | WATERSEWERCRED | IT: APPROVED / DENIED |
| rn On:Unlock Only: | Read Only:Inst | all: Customer Serv Rep | »: |