HARNETT REGIONAL WATER

Equal Opportunity Provider and Employer

Water User's Agreement

Form Must be Completed in Full Before Service is Made Available VALID PHOTO I.D. is Required

		DEPOSITS (refunded to applicant only)			
Today's Date Se	t Up Fee All Accounts \$15		APPROVED CRED	DIT DENIED CREDIT	
	Same Day Service: \$50	OWNER WATER	\$0	\$50	
	·	OWNER SEWER	\$0	\$50	
Date Service Requested		RENTER WATER RENTER SEWER	\$50 \$50	\$100 \$100	
This agreement is a formal request for His Sewer Ordinance and all relevant dep					
ervice Address:					
Owner X Renter (PROPER		ORB Homes - NC	LLC/919.279.233	39	
Applicant Email Address amoss@dr	bgroup.com				
APPLICANT NAME (FIRST, LAST)		CO-APPLICANT			
		NAME (FIRST, LAST)			
		DRB HOMES - NC LLC			
MAILING ADDRESS:					
3000 RDU Center Drive Ste.	202 Morrisville, NC	27560			
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECURITY # OR TIN		ONTACT PHONE #	
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE		ATE OF BIRTH	
EMPLOYER NAME		EMPLOYER NAME			
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRE	SS	PHONE #	
PREVIOUS ADDRESS		PREVIOUS ADDRESS			
the undersigned, do agree to abide by lewer Ordinance. Should I fail to make ight to disconnect my service without for \$40 reconnect fee. Any fees resulting not final bills are prorated based on the lot be refunded. Deposits and/or credit nonthly bill regardless of whether way VATER IS NOT RESPONSIBLE FOR onnection. Make sure all valves & greeing that you are at least 18 years of Customer Signature	e all payments on time when further notice. In order for set from court action to collect number of days in the service balances are refunded in the ter and/or sewer is being un DR WATER DAMAGE Of faucets are turned off before age.	en due as stated on the ervice to be restored, et on an account will ce period. FINAL Be applicant's name of ased, until the proper R LOSS. Please ensured wat	ne WATER/SEWER I will be required to p be the responsibility ILLS with a credit ba nly. Property owne rty is sold or rented. sure residence or face er service. By signi	bill, the department has the pay ALL DUE amounts ploof the customer. All initial lance of less than \$3.00 wers will be responsible for HARNETT REGIONA cility is prepared for wating this application, you a	
Customer Signature OR OFFICE USE ONLY TEES: Set-Up Fee \$15Deposit \$_					
Account # Transferred From:		_ Date To Turn O	Date To Turn Off:		
ACCOUNT #: CID:	LID:	WATERSE	WERCREDIT	: APPROVED / DENIE	

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