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	Set Up Fee All Accounts \$15		APPROVED CREE	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 & Sewer Ordinance and all relevant d				
Service Address:				
Owner X Renter (PROF		ORB Homes - NC	LLC/919.279.233	39
Applicant Email Address amoss@	drbgroup.com			
APPLICANT		CO-APPLICANT		
NAME (FIRST, LAST)		NAME (FIRST, LAST)		
		DRB HOMES- NC LLC		
MAILING ADDRESS:				
3000 RDU Center Drive St	e. 202 Morrisville, NC	27560		
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
EMPLOYER NAME		EMPLOYER NAME		
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRE	SS	PHONE #
PREVIOUS ADDRESS		PREVIOUS ADDRESS		
The undersigned, do agree to abide Sewer Ordinance. Should I fail to might to disconnect my service without a \$40 reconnect fee. Any fees resulting and final bills are prorated based on the not be refunded. Deposits and/or cree monthly bill regardless of whether water IS NOT RESPONSIBLE Connection. Make sure all valves agreeing that you are at least 18 years Customer Signature	take all payments on time when the further notice. In order for seeing from court action to collect the number of days in the service dit balances are refunded in the water and/or sewer is being up FOR WATER DAMAGE Of & faucets are turned off before of age.	en due as stated on the ervice to be restored, et on an account will ce period. FINAL B e applicant's name of used, until the proper R LOSS. Please ensore requesting wat	he WATER/SEWER I will be required to p be the responsibility ILLS with a credit ba only. Property owne erty is sold or rented. sure residence or fac- er service. By signi-	bill, the department has the pay ALL DUE amounts ploof the customer. All initial ance of less than \$3.00 wers will be responsible for. HARNETT REGIONA cility is prepared for wating this application, you a
Account # Transferred From:		_ Date To Turn C	Off:	
ACCOUNT #: CID:	LID:	WATERSE	WERCREDIT	: APPROVED / DENIE

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