## **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

Today's Date 6/24/24 Set Up Fee All Accounts \$15		`	funded to applicant or	
			APPROVED CRED	DIT DENIED CREDIT
9	Same Day Service: \$50	OWNER WATER	\$0	\$50
	•	OWNER SEWER	\$0	\$50
Date Service Requested Will Call  This agreement is a formal request for Harnett Regional Water (HR		RENTER WATER	\$50	\$100
		RENTER SEWER	\$50	\$100
Sewer Ordinance and all relevant department of the Sewer Ordinance and all relevant department department of the Sewer Ordinance and all relevant department department of the Sewer Ordinance and all relevant department departme				
Service Address: (PROPER)	THE OWNER A PROVIDENCE OF	DRB Homes - NC	LLC/919.279.233	 39
Applicant Email Address amoss@drl				
APPLICANT		CO-APPLICANT		
NAME (FIRST, LAST)		NAME (FIRST, LAST)		
DRB Homes NC LLC				
MAILING ADDRESS:				
1101 Slater Rd. Ste. 300 Durh	nam, NC 27703			
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECURITY #	URITY # OR TIN CONTACT PHONE #	
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE DATE OF BII		DATE OF BIRTH
EMPLOYER NAME		EMPLOYER NAME		
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRE	ss	PHONE #
PREVIOUS ADDRESS		PREVIOUS ADDRESS		
the undersigned, do agree to abide by sewer Ordinance. Should I fail to make ight to disconnect my service without further \$40 reconnect fee. Any fees resulting and final bills are prorated based on the root be refunded. Deposits and/or credit fronthly bill regardless of whether wat WATER IS NOT RESPONSIBLE FO onnection. Make sure all valves & figreeing that you are at least 18 years of	all payments on time when rther notice. In order for section court action to collect number of days in the service palances are refunded in the rer and/or sewer is being un R WATER DAMAGE Of aucets are turned off befage.	en due as stated on the ervice to be restored, et on an account will be period. FINAL Be applicant's name of ased, 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 nly. Property owne erty is sold or rented. sure residence or face er service. By signi	bill, the department has the pay ALL DUE amounts play of the customer. All initial ance of less than \$3.00 wers will be responsible for a HARNETT REGIONA cility is prepared for wathing this application, you a
Customer Signature FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit \$_	Ally MossSame Day \$	50Meter Fee \$	325Damage \$	Other \$
Account # Transferred From: Date To Turn Off:				
Account # 1ransierreu From:			·	

Turn On:\_\_\_\_\_Unlock Only:\_\_\_\_\_Read Only:\_\_\_\_Install:\_\_\_\_\_ Customer Serv Rep: \_\_\_\_\_