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

00/40/0004		DEPOSITS (refu	DEPOSITS (refunded to applicant only)		
Today's Date <u>09/19/2024</u> Se	t Up Fee All Accounts	\$15	APPROVED CR		
	Same Day Service: \$5	OWNER WATER	\$0	\$50	
	Jame Day Service. \$50	OWNER SEWER	\$0	\$50	
Date Service Requested WILL CALL		RENTER WATER	\$50	\$100	
		RENTER SEWER	\$50	\$100	
This agreement is a formal request for F & Sewer Ordinance and all relevant dep	artmental policies, to p	provide water and /or sewer			
Service Address: 257 Shelby Meado			 LLC 919-27	 9-2339	
Owner Renter (PROPER Applicant Email Address	Odrbaroup co	o.)			
APPLICANT	С	CO-APPLICANT			
NAME (FIRST, LAST) DRB Homes NC LLC	NAME (FIRST, LAST)	NAME (FIRST, LAST)			
MAILING ADDRESS: 1101 Slater Rd. Ste. 300 Du	rham, NC 27703				
SOCIAL SECURITY # OR TIN	CONTACT PHONE #	SOCIAL SECURITY # 0	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 NAME		
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRESS	;	PHONE #	
PREVIOUS ADDRESS		PREVIOUS ADDRESS	PREVIOUS ADDRESS		
I, the undersigned, do agree to abide by Sewer Ordinance. Should I fail to make right to disconnect my service without for \$40 reconnect fee. Any fees resulting and final bills are prorated based on the not be refunded. Deposits and/or credit monthly bill regardless of whether waw WATER IS NOT RESPONSIBLE FOR connection. Make sure all valves & agreeing that you are at least 18 years of the service of the sure of the service of the sure and the sure all valves & agreeing that you are at least 18 years of the service of the sure o	e all payments on time urther notice. In order is from court action to conumber of days in the sbalances are refunded ter and/or sewer is been DR WATER DAMAG faucets are turned of fage.	e when due as stated on the for service to be restored, I collect on an account will be service period. FINAL BIL in the applicant's name onling used, until the propert E OR LOSS. Please ensure the before requesting water	wATER/SEWI will be required e the responsibil LS with a credit y. Property ow ty is sold or rent are residence or reservice. By si	ER bill, the department has the to pay ALL DUE amounts pluity of the customer. All initial balance of less than \$3.00 with the same will be responsible for the theorem. HARNETT REGIONA facility is prepared for water gning this application, you are	
Customer Signature FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Deposit \$_				Other \$	
Account # Transferred From:		Date To Turn Off	f:		
ACCOUNT #: CID:	LID:	WATERSEW	ERCRED	IT: APPROVED / DENIEI	
Turn On:Unlock Only:	Read Only:	_Install: Custon	mer Serv Rep:		