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

		VALID PHOTO	1.D. is Required			
	DEPOSITS (refunded to applicant only)					
Today's Date <u>2/20/25</u> S	Set Up Fee All Accounts \$15		APPROVED CR		REDIT DENIED CREDIT	
	Same	Day Service: \$50	OWNER WATER	\$0		\$50
		<i>y</i> +	OWNER SEWER	\$0		\$50
Date Service Requested Will Call			RENTER WATER RENTER SEWER	\$50 \$50		\$100 \$100
this agreement is a formal request for a Sewer Ordinance and all relevant de			W), through normal	procedures and in		e with the HRW V
ervice Address: 542 Winding	Creek	Drive Lot 46				
Owner_X Renter (PROP			RB Homes - NC	LLC/919.279.2	339	
Applicant Email Address amoss@c	drbgro	oup.com				
APPLICANT			CO-APPLICANT			
NAME (FIRST, LAST)			NAME (FIRST, LAST)			
DRB Homes NC LLC						
MAILING ADDRESS:						
1101 Slater Rd. Ste. 300 Du	urham	, NC 27703				
SOCIAL SECURITY # OR TIN	CO	NTACT PHONE #	SOCIAL SECURITY # OR TIN		CONTACT PHONE #	
RIVER'S LICENSE # AND STATE DATE OF BIRTH		TE OF BIRTH	DRIVER'S LICENSE # AND STATE		DATE OF BIRTH	
EMPLOYER NAME			EMPLOYER NAME			
EMPLOYER ADDRESS		PHONE #	EMPLOYER ADDRESS		PHONE #	
PREVIOUS ADDRESS			PREVIOUS ADDRESS			
the undersigned, do agree to abide between Ordinance. Should I fail to make the sewer Ordinance. Should I fail to make the sewer Ordinance. Should I fail to make the sewer of	ake all partitions from the number of the state of age.	payments on time whe notice. In order for se a court action to collecter of days in the services are refunded in the ad/or sewer is being us ATER DAMAGE OF ts are turned off before	n due as stated on the rvice to be restored, to on an account will be period. FINAL Bits applicant's name of sed, until the proper R LOSS. Please ensure requesting water	ne WATER/SEWE I will be required to be the responsibilities. ILLS with a credit rely. Property owerty is sold or rentes sure residence or ser service. By signal.	ER bill, the to pay ALI ity of the control balance of the control ba	e department has t L DUE amounts pl customer. All init f less than \$3.00 w be responsible for NETT REGIONA prepared for wat application, you a
FEES: Set-Up Fee \$15Deposit \$ Account # Transferred From:						
ACCOUNT #: CID:	L	ID:	WATERSE	WEKCRED	11: APPR	OVED / DENIE

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