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 (ref	funded to applicant	only)
Today's Date <u>03/05/2025</u>	Set Up Fee All Accounts \$15		APPROVED CREDIT DENIED CREDIT		
	Same	e Day Service: \$50	OWNER WATER	\$0	\$50
	Samo	Day Scrvice. \$30	OWNER SEWER	\$0	\$50
Date Service Requested Will Call			RENTER WATER	\$50	\$100
-		RENTER SEWER	\$50	\$100	
This agreement is a formal request & Sewer Ordinance and all relevanted Service Address: 504 Windin	nt departme	ental policies, to provid	le water and /or sew	er service connection	
OwnerX Renter(PI			RB Homes - NC	LLC/919.279.23	339
Applicant Email Address amoss	<u>@</u> drbgr	oup.com			
APPLICANT			CO-APPLICANT		
NAME (FIRST, LAST)			NAME (FIRST, LAST)		
DRB Homes NC LLC					
MAILING ADDRESS:					
1101 Slater Rd. Ste. 300	Durham	n, NC 27703			
SOCIAL SECURITY # OR TIN	co	ONTACT PHONE #	SOCIAL SECURITY # OR TIN		CONTACT PHONE #
DRIVER'S LICENSE # AND STATE	DA	ATE OF BIRTH	DRIVER'S LICENSE # AND STATE		DATE OF BIRTH
EMPLOYER NAME			EMPLOYER NAME		
EMPLOYER ADDRESS		PHONE #	EMPLOYER ADDRESS		PHONE #
PREVIOUS ADDRESS		PREVIOUS ADDRESS			
t, the undersigned, do agree to abid Sewer Ordinance. Should I fail to sight to disconnect my service with a \$40 reconnect fee. Any fees resumed final bills are prorated based on not be refunded. Deposits and/or comouthly bill regardless of whether WATER IS NOT RESPONSIBLE connection. Make sure all valve agreeing that you are at least 18 yes constituted by the conference of the control of the conference of t	o make all nout further ulting from in the numb credit balan er water a E FOR W es & fauce ars of age.	payments on time when notice. In order for sen court action to collect our of days in the service are refunded in the nd/or sewer is being up ATER DAMAGE Of the sare turned off before the control of the service of the sare turned off before the control of the service of the s	n due as stated on the revice to be restored, to on an account will be period. FINAL Be applicant's name of sed, until the proper R LOSS. Please encore requesting wat	he WATER/SEWE I will be required to be the responsibili ILLS with a credit only. Property ownerty is sold or rente sure residence or fer service. By signature is the sure residence or fer service.	ER bill, the department has the pay ALL DUE amounts pluty of the customer. All initional balance of less than \$3.00 where will be responsible for ed. HARNETT REGIONA facility is prepared for wat going this application, you a
FOR OFFICE USE ONLY FEES: Set-Up Fee \$15Depo: Account # Transferred From:					
ACCOUNT #: CID:	I	LID:	WATERSE	WERCRED	IT: APPROVED / DENIE

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