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 Kequirea		
			DEPOSITS (refunded to applicant only)		
Today's Date <u>03/12/2025</u>	Set Up Fee All Accounts \$15		APPROVED CR		
	Same	Day Service: \$50	OWNER WATER	\$0	\$50
		Day Scrvice. \$50	OWNER SEWER	\$0	\$50
Date Service Requested Will Call		RENTER WATER	\$50	\$100	
			RENTER SEWER	\$50	\$100
his agreement is a formal request Sewer Ordinance and all relevan					
ervice Address: 229 Great S					
Owner_X Renter (PR	OPERTY O	WNER & PHONE NO.) \Box	RB Homes NC	LLC 919.279	0.2339
applicant Email Address amoss	@drbgr	oup.com			
APPLICANT			CO-APPLICANT		
NAME (FIRST, LAST) DRB Homes NC LLC			NAME (FIRST, LAST)		
MAILING ADDRESS: 1101 Slater Rd. Ste. 3	B00 Durh	nam, NC 27703			
SOCIAL SECURITY # OR TIN	СО	NTACT PHONE #	SOCIAL SECURITY # OR TIN		CONTACT PHONE #
DRIVER'S LICENSE # AND STATE	DA	TE OF BIRTH	DRIVER'S LICENSE # AND STATE		DATE OF BIRTH
EMPLOYER NAME			EMPLOYER NAME		
EMPLOYER ADDRESS		PHONE #	EMPLOYER ADDRESS		PHONE #
REVIOUS ADDRESS		PREVIOUS ADDRESS			
the undersigned, do agree to abid dewer Ordinance. Should I fail to eight to disconnect my service with 40 reconnect fee. Any fees resund final bills are prorated based on to the refunded. Deposits and/or connection bill regardless of whether WATER IS NOT RESPONSIBLY onnection. Make sure all valve greeing that you are at least 18 years.	make all pout further alting from a the numb redit balan r water ar E FOR W s & fauce	payments on time when notice. In order for sen court action to collecter of days in the service are refunded in the nd/or sewer is being us ATER DAMAGE OF	n due as stated on the rvice to be restored, it on an account will be period. FINAL Blue applicant's name of sed, until the proper R LOSS. Please ens	the WATER/SEWE I will be required to be the responsibile LLS with a credit really. Property ow rty is sold or rent sure residence or	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 responsible for the than the the than the the than the the than the the the than the
Customer Signature_ FOR OFFICE USE ONLY					
FEES: Set-Up Fee \$15Depos		•			
Account # Transferred From:			_ Date To Turn O	ff:	
ACCOUNT #: CID:	L	ID:	WATERSE	WERCRED	IT: APPROVED / DENIEI

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