## **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

& Sewer Ordinance and all relevant departmental policies, to prove Service Address:	OWNER WATER OWNER SEWER RENTER WATER RENTER SEWER RW), through normal ide water and /or sewe	LLC/919.279.2	\$50 \$50 \$100 \$100 accordance with the HRW ons at the following location	
Date Service Requested Will Call  This agreement is a formal request for Harnett Regional Water (High Sewer Ordinance and all relevant departmental policies, to provide the service Address: 270 Peach Grove Way  Dwner X Renter (PROPERTY OWNER & PHONE NO.)  Applicant Email Address amoss@drbgroup.com  APPLICANT	OWNER SEWER RENTER WATER RENTER SEWER RW), through normal ide water and /or sewe	\$0 \$50 \$50 procedures and in a er service connection	\$50 \$100 \$100 accordance with the HRW ons at the following location	
Date Service Requested Will Call  This agreement is a formal request for Harnett Regional Water (High Sewer Ordinance and all relevant departmental policies, to provide the service Address: 270 Peach Grove Way  Dwner X Renter (PROPERTY OWNER & PHONE NO.)  Applicant Email Address amoss@drbgroup.com  APPLICANT	RENTER WATER RENTER SEWER RW), through normal ide water and /or sewe	\$50 \$50 procedures and in a er service connection	\$100 \$100 accordance with the HRW ons at the following location	
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Sewer Ordinance and all relevant departmental policies, to provide Address: 270 Peach Grove Way  Dwner X Renter (PROPERTY OWNER & PHONE NO.)  Applicant Email Address amoss@drbgroup.com  APPLICANT	DRB Homes - NC	LLC/919.279.2	ons at the following locatio	
Applicant Email Address amoss@drbgroup.com  APPLICANT			339	
APPLICANT		40. 400. 744		
		4001 744		
NAME (FIRST, LAST)		CO-APPLICANT		
	NAME (FIRST, LAST)			
DRB Homes NC LLC				
MAILING ADDRESS:				
1101 Slater Rd. Ste. 300 Durham, NC 27703				
SOCIAL SECURITY # OR TIN CONTACT PHONE #	SOCIAL SECURITY #	SOCIAL SECURITY # OR TIN		
DRIVER'S LICENSE # AND STATE DATE OF BIRTH	DRIVER'S LICENSE # AND STATE		DATE OF BIRTH	
EMPLOYER NAME	EMPLOYER NAME			
EMPLOYER ADDRESS PHONE #	EMPLOYER ADDRES	SS	PHONE #	
PREVIOUS ADDRESS	PREVIOUS ADDRES	S		
the undersigned, do agree to abide by all rules, regulations and sewer Ordinance. Should I fail to make all payments on time whight to disconnect my service without further notice. In order for a \$40 reconnect fee. Any fees resulting from court action to collected final bills are prorated based on the number of days in the service be refunded. Deposits and/or credit balances are refunded in the monthly bill regardless of whether water and/or sewer is being WATER IS NOT RESPONSIBLE FOR WATER DAMAGE Connection. Make sure all valves & faucets are turned off being greeing that you are at least 18 years of age.  Customer Signature  Ally Mossible FOR OFFICE USE ONLY  FEES: Set-Up Fee \$15_Deposit \$ Same Day	ten due as stated on the service to be restored, ect on an account will lice period. FINAL Bine applicant's name of used, until the proper DR LOSS. Please enserter requesting water	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 o pay ALL DUE amounts puty of the customer. All initial balance of less than \$3.00 pers will be responsible for ed. HARNETT REGION facility is prepared for was uning this application, you	
Account # Transferred From:Same Day				
ACCOUNT #: CID:LID:	 WATERSE		IT: APPROVED / DENII	

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