



**TOWN OF RIVER BEND**  
 45 Shoreline Drive, River Bend, NC 28562-8970  
 Phone (252)638-3540 Fax (252)638-2580  
 waterresources@riverbendnc.org  
 www.riverbendnc.org

**SERVICE APPLICATION FOR OWNER**

**Customer Information:**

**Service Start Date:** \_\_\_\_\_

Services Address: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Customer SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Verified

**Note:** Disclosure of your social security number is voluntary. We are authorized to collect this information because we are extending credit for service and it will only be used for collection of debts owed to the Town. Election not to provide a valid social security number will subject the customer to a higher deposit.

Customer Driver's License \_\_\_\_\_ Verified

Contact Information: Please indicate the contact number(s) and/or email address you would like the Town to use:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

You agree, in order for us to service your account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or e-mails, using any e-mail address you provide to us. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

**Billing Information:**

Address: \_\_\_\_\_

Will the property be rented to tenants? \_\_\_\_\_ If yes, will you be using a property manager to manage the property? If so, please provide the contact information for the property manager.

Property Manager's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address: \_\_\_\_\_

All information above must be complete in order to establish a Water Resources account. I agree to notify the Town of any changes in ownership or tenancy and will be responsible for the minimum monthly fees and consumption charges billed for water and/or sewer usage when service is not in the name of a tenant or until service in my name has been terminated.

I hereby certify that the above information is true to the best of my knowledge. I have received a copy of the Policy Manual pertaining to the Water Resources Department. I have also received a copy of the rates currently in effect. I also understand failure to receive a bill or failure of the delivery of payment does not exempt you from payment responsibility or from being charged any late fees.

\_\_\_\_\_  
 Signature Date

Service Request # _____	Deposit Amount _____	Attach Receipt <input type="checkbox"/>
Customer # _____	Comments _____	