

Water Resources Department Policy Manual



TOWN OF RIVER BEND
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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 ☐

Customer # _____ Comments _____