

**RICHMOND COUNTY WATER DEPARTMENT**

P.O. BOX 504 / 125 S. HANCOCK ST.

Rockingham, NC 28380

910-997-8201 OR 910-997-8202



## **Residential Utility Service Checklist**

**All documents are required before an account can be established. Applicants must apply in person at the Richmond County Water Department.**

**If you have questions or need additional information, please call our office at 910-997-8201 or 910-997-8202**

### **Utility Service Customers**

- Completed Richmond County Water Department application
- Copy of signed lease agreement, deed and/or closing documents
- Valid U.S. government issued Photo ID of utility service applicants
- Deposit – Renters are required to pay a \$100 deposit at the time of application
- Applicants should review a copy of the Rules and Regulations of the Richmond County Water System prior to signing the water service application

**\*\*\* Please remember, when applying for service, to provide a correct daytime phone number where you may be reached in case there are any issues setting up your utility account.**

**PLEASE NOTE THAT ALL RICHMOND COUNTY WATER ACCOUNTS MUST BE CURRENT BEFORE NEW SERVICE CAN BE ESTABLISHED**

# Richmond County Water Department Residential Water Service Application



## Customer Information

**Date:** \_\_\_\_\_

**Homeowner:** \_\_\_\_\_

**Renter:** \_\_\_\_\_

This certifies that the County has received

\$ \_\_\_\_\_ For Renter Deposit

By: \_\_\_\_\_

**Ownership/Renter Verification by:** \_\_\_\_\_ **Water Dept Cashier**

**Full Name:**

\_\_\_\_\_

Last

First

M.I.

**Name of other**

**Occupants at**

**Service Address**

**(Over 18)**

\_\_\_\_\_

Last

First

M.I.

\_\_\_\_\_

Last

First

M.I.

**Service Address:**

(to connect)

\_\_\_\_\_

Street Address

Apartment/Unit

\_\_\_\_\_

City

State

ZIP Code

**Mailing Address**

(if different)

\_\_\_\_\_

Street Address or PO Box

Apartment/Unit

\_\_\_\_\_

City

State

ZIP Code

**Daytime Phone Number:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Driver's License or**

**ID Number:**

\_\_\_\_\_

State:

Employer:

## Service Information

**Have you ever had service with us before?** \_\_\_\_\_ **If so, where and when?** \_\_\_\_\_

**Date services to be connected at above Service Location Address:** \_\_\_\_\_

### Notice

I hereby make application for water service with the Richmond County Water Department at the service location indicated above and certify that the information provided is true and correct to the best of my knowledge. In requesting utility service, I accept full responsibility for any charges, fees, penalties or other obligations incurred by this account. I also agree to abide by all present and future Rules and Regulations of the Richmond County Water System that may apply to my water service.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Other Occupant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Other Occupant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_