

44 Shuckin St #203, Hampstead, NC 28443
Phone: (888) 758-7471 Fax: (910) 327-0374
Email: CustomerCare@plurisusa.com
Website: www.plurisusa.com

Hours: 9:00 a.m. – 4:30 p.m., Monday through Friday; excluding legal holidays

CHECKLIST FOR WATER/SEWER SERVICE APPLICATION

OWNERS: Along	with the NEW SERVICE application, please provide: Copy of the Settlement Statement**;
П	Valid Government Issued picture identification;
	Management Agreement; ONLY if you will have your property managed by a third party.
	ment statement; Deeds (e.g., Foreclosure, Security and Warranty) may be submitted, however, MUST be recorded by the court.
	g with the NEW SERVICE application please, provide: the OWNER/MANAGEMENT COMPANY of the property must have an account in order for a tenant ce.
	First page of lease, which includes owner/tenant information and dates of lease;
	Signature page of lease, which includes signatures of both parties on lease;
	Valid Government Issued picture identification.
*Please note tha	COMPANY: Along with the NEW SERVICE application, please provide: tif the OWNER provides a copy of Management Agreement with their application the mpany will not need to apply. Management Agreement, which includes owner information and dates of contract, and signatures of both parties on the agreement. Valid Government Issued picture identification of the representative of the company that completes the application.
REALTORS: Ald	ng with the NEW SERVICE application, please provide: Listing Agreement OR Proof of Assignment; which should have the property address, the realty company name, and the realtor name that is applying for service. Valid Government Issued picture identification of realtor

****ALL NEW ACCOUNTS WILL BE ASSESSED A DEPOSIT****



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APPLICATION for WATER and/or SEWER SERVICE

	For Pluris Use Only				
	Utility:	<u></u>	Location #:		
	Account Number:		Closing Date/Beginning Lease Date:		
L		<u> </u>			
Appli	icant Name:				
Entity	y Name:				
Date	Service to Begin:	Feder	ral Tax ID#:		
□ 0	WNER TENANT MANAGEM	ENT COMPANY REALTOR	Last 4 of Social Security Number:		
Servi	ice Address: (Street Address)		(City, State and Zip code)		
Mailiı					
		Cell	Phone Number:		
Emai	il Address:		Date of Birth:		
Drive	er's License/ID Number:		State:		
Previ	ious Address (If same service area): _				
Leave	e on at previous address: Yes	☐ No - Please Disconnect on	· 		
service bill service. You restored at or that son application	ings. Water and/or sewer accounts are bou are responsible for water and/or sewer the above address, I agree to ensure the meone will be on the property to check for is processed, it may take up to 5 businesses.	illed on a monthly basis, and payme r service until your account is closed. at all water service facilities (sink an or leakages. We recommend that yours sold and the service.	cation, I hereby acknowledge responsibility for pay nt by the indicated date is required to prevent interr Further, in consideration for having water service d tub faucets/inside and outside, toilets, etc.) are to bu turn off your private cut off valve, if applicable. (ruption of initiated/ urned off; Once the	
	understand that Pluris is not responsible fess days to have service restored.	for water damage to this property or	its contents. If the water is off, it may take up to five	(5) busi-	
FOR PLUE	RIS HAMPSTEAD COMMERCIAL CUST	OMERS ONLY:			
(initials) to	request my water usage data from Pend	der County Utilities, and to allow Per er service. I further understand and	er I use. By signing this form, I hereby agree to all nder County Utilities to provide water usage data to agree that Pluris shall provide this completed appl	Pluris for	
Signatu	re:	Da	ate:		