



1095 Highway 210, Sneads Ferry, NC 28460

Phone: (888) 758-7471 Fax: (910) 327-0374

[Email: info@plurisusa.com](mailto:info@plurisusa.com)

[Website: www.plurisusa.com](http://www.plurisusa.com)

Hours: 8:00 a.m. – 5:00 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**;
- Valid Government Issued picture identification;
- Management Agreement; **ONLY** if you will have your property managed by a third party.

In lieu of settlement statement; Deeds (e.g., Foreclosure, Security and Warranty) may be submitted, however, the document **MUST be recorded by the court.

TENANTS: Along with the **NEW SERVICE** application please, provide:

*Please note that the **OWNER/MANAGEMENT COMPANY** of the property must have an account in order for a tenant to establish service.

- 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.

MANAGEMENT COMPANY: Along with the **NEW SERVICE** application, please provide:

*Please note that if the **OWNER** provides a copy of Management Agreement with their application the Management Company 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: Along 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.



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APPLICATION for WATER and/or SEWER SERVICE

For Pluris Use Only	
Utility: _____	Meter ID: _____
Account Number: _____	Closing Date/Beginning Lease Date: _____

Name: _____
 C/O _____

Date Service to Begin: _____

OWNER
 TENANT
 MANAGEMENT COMPANY
 REALTOR

Service Address: _____
(Street Address) (City, State and Zip code)

Mailing Address: _____
(If different than Service Address) (City, State and Zip code)

Telephone Number: _____ Cell Phone Number: _____

Email Address: _____

Last 4 Digits of Social Security Number: _____ Date of Birth: _____ Driver's License/State/ID Number: _____

Previous Address (If same service area): _____

Leave on at Previous Address: Yes No-Please Disconnect on:

In consideration for receiving water and/or sewer service from Pluris, at the above location, I hereby acknowledge responsibility for payment of service billings.

Residential water and/or sewer accounts are billed on a monthly basis, and payment by the indicated date is required to prevent interruption of service. You are responsible for water and/or sewer service until your account is closed.

_____ I understand that Pluris is not responsible for water damage to this property or its contents. If the water is off, it may take up to
(initials) five (5) business days to have service restored.

In consideration for having water service initiated/restored at the above address, I agree to ensure that all water service facilities (sink and tub faucets/inside and outside, toilets, etc.) are turned off; or that someone will be on the property to check for leakages. We recommend that you turn off your private cut off valve, if applicable. Once the application is processed, it may take up to 5 business days to restore water service.

Signature: _____ Date: _____

APPLICATIONS WILL NOT BE PROCESSED WITHOUT APPROPRIATE DOCUMENTATION- PLEASE REFER TO NEW SERVICE CHECKLIST