

**SAVANNAH VALLEY UTILITY DISTRICT
WATER SERVICE CONTRACT**

DATE: _____

PLEASE PRINT INFORMATION

NAME: _____

PHONE: H: _____ W: _____

METER ADDRESS: _____

MAILING ADDRESS _____

PREVIOUS ADDRESS: _____

PLACE EMPLOYED: _____

_____ PH: _____

OWNER/RENTAL: _____

REFERENCES: _____

ADDRESS: _____

_____ PH: _____

METER LOCATION DIRECTIONS: _____

I agree to pay in advance to the District for the service requested the sum of \$25.00 - \$100.00 as a nonrefundable charge.

RETURN THIS APPLICATION TO OUR OFFICE OR FAX TO 423-344-7519. PLEASE INCLUDE A COPY OF YOUR DRIVER'S LICENSE AND SOCIAL SECURITY CARD. SERVICE WILL NOT BE TURNED ON WITHOUT BOTH FORMS OF IDENTIFICATION.

I HEREBY MAKE APPLICATION FOR WATER SERVICE WITH SAVANNAH VALLEY UTILITY DISTRICT ACCORDING TO THE COMPANY RULE AND I FURTHER AGREE TO HAVE ONLY ONE HOUSE HOLD CONNECTED TO THE METER. I FURTHER AGREE TO ABIDE AND COMPLY WITH ALL RULES, REGULATIONS AND RATES OF SAVANNAH VALLEY UTILITY DISTRICT. I FURTHER AGREE TO PAY FOR ALL WATER RECORDED BY THE METER BY THE DUE DATE ON THE BILL.

I UNDERSTAND FAILURE TO RECEIVE THE BILL DOES NOT RELEASE ME FROM MY OBLIGATION TO PAY FOR THE WATER SERVICE

I FURTHER AGREE THE PREMISES IS READY FOR WATER TO BE TURNED ON. I FURTHER AGREE I WILL CLAIM NO DAMAGES CAUSED BY THE STOPPAGE OF THE FLOW OF WATER, RESULTING FROM ACCIDENTS, NECESSARY ALTERATIONS, REPAIRS OR IMPROVEMENTS TO WATER COMPANY FACILITIES. I FURTHER AGREE TO PAY FOR WATER SERVICE SUBSCRIBED FOR BY ME UNTIL TERMINATED AT MY REQUEST. I AGREE TO PAY REASONABLE COSTS OF COLLECTIONS AND ATTORNEY FEES IN EVENT OF NON-PAYMENT. APPLICANT FURTHER AGREES TO FURNISH TO SAVANNAH VALLEY UTILITY DISTRICT AND ALL NECESSARY RIGHTS -OF-WAY FOR WATER LINES ACROSS ANY PROPERTY OF THE APPLICANT.

CUSTOMER SIGNATURE

SOCIAL SECURITY #

DRIVERS LICENSE #