

**SAVANNAH VALLEY UTILITY DISTRICT  
NAME / ADDRESS CHANGE REQUEST:**

DATE: \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

**PLEASE PRINT INFORMATION**

OLD NAME: \_\_\_\_\_

OLD ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEW NAME: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: W \_\_\_\_\_ H: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
CUSTOMER SIGNATURE

\_\_\_\_\_  
DRIVERS LICENSE #

\_\_\_\_\_  
SOCIAL SECURITY #

**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.