

**SAVANNAH VALLEY UTILITY DISTRICT  
WATER SERVICE CONTRACT**

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

**PLEASE PRINT INFORMATION**

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

CELL PHONE: \_\_\_\_\_

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

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 EMAIL TO [OFFICE@SVUD.ORG](mailto:OFFICE@SVUD.ORG). PLEASE INCLUDE A COPY OF YOUR DRIVER'S LICENSE. SERVICE WILL NOT BE TURNED ON WITHOUT A FORM OF IDENTIFICATION AND SOCIAL SECURITY NUMBER.**

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 #