

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

DATE: _____

ACCOUNT NO: _____

PLEASE PRINT INFORMATION

OLD NAME: _____

OLD ADDRESS: _____

NEW NAME: _____

NEW ADDRESS: _____

PHONE: W _____ C _____

EMAIL ADDRESS: _____

EMPLOYER: _____

ADDRESS: _____

CUSTOMER SIGNATURE

SOCIAL SECURITY #

DRIVERS LICENSE#

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.

**RETURN THIS APPLICATION TO OUR OFFICE OR
EMAIL TO 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.**