

**SAVANNAH VALLEY UTILITY DISTRICT
WATER SERVICE CONTRACT**

SERVICE START 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. 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 # / EIN #

DRIVERS LICENSE # / BUSINESS LICENSE

**24 HOUR NOTICE REQUIRED
TO BEGIN SERVICE**

**SAVANNAH VALLEY UTILITY DISTRICT
PAYMENT INFORMATION FOR CUSTOMERS**

1. PAYMENT FOR YOUR WATER BILL IS DUE ON THE DUE DATE SHOWN ON YOUR BILL. THIS DATE WILL BE THE SAME EVERY MONTH.
 2. THERE WILL BE A MINIMUM BILL REGARDLESS OF CONSUMPTION AS LONG AS THE ACCOUNT STAYS ACTIVE.
 3. FAILURE TO RECEIVE A BILL DOES NOT RELEASE YOU FROM LIABILITY FOR THE PAYMENT OF THE BILL OR ASSOCIATED PENALTIES.
 4. PAYMENT MUST BE MADE IN FULL BY THE DUE DATE. IF PAYMENT IS NOT RECEIVED WITHIN 10 DAYS OF THE DUE DATE, (DUE DATE INCLUDED) WATER SERVICE WILL BE INTERRUPTED.
 5. A DELINQUENCY FEE OF \$35.00 WILL BE ADDED TO THE ACCOUNT ON THE CUTOFF DATE SHOWN ON YOUR BILL.
 6. IF PAYMENT IS RECEIVED AFTER 3:00PM FOR A LOCKED ACCOUNT, A \$20.00 AFTER HOURS FEE WILL BE ADDED TO YOUR ACCOUNT IF YOUR WATER SERVICE IS RESTORED THAT DAY.
 7. REMOVAL OF, OR TAMPERING WITH, THE LOCK ON OUR METER INCURS AN ADDITIONAL FEE OF \$ 100.00 TO THE ACCOUNT.
 8. METERS WILL ONLY BE UNLOCKED AFTER PAYMENT FOR PAST DUE AMOUNTS AND ALL PENALTIES HAS BEEN RECEIVED IN FULL. NO BALANCE WILL BE CARRIED OVER TO THE NEXT BILL
 9. FOR INFORMATION ABOUT YOUR BILL, CONTACT OUR OFFICE OR LOG ONTO OUR WEBSITE: www.svud.org.
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Date: _____ Customer Name: _____

Account Number: _____ Address: _____

SVUD does not provide adjustments for leaks, unexplained water usage or water line/appliance failures. SVUD has coordinated with ServLine's Protection Program for all adjustments due to any of these circumstances.

\$2.45 - Leak Loss Protection Program for Residential Single Occupancy

ServLine offers protection against a costly water bill caused by unexpected leaks. A qualifying leak or line break between the meter and the foundation of the house is covered up to \$2,500 per occurrence in the event of a costly water bill once every 12 months after the active cause of the leak has been repaired.

All eligible Savannah Valley Utility District residential customers are AUTOMATICALLY enrolled in ServLine's Water Leak Loss Protection Program. Sign below to DECLINE protection and accept full responsibility for all excess water charges caused by a water leak.

I decline Leak Loss Protection and agree to pay any excess water bills due to leaks or line breaks that would have previously been adjusted by ServLine's Leak Loss Protection Program.

Signature: _____ Date: _____

Re-enrollment for Leak Loss Protection Program

I previously opted to remove the Leak Loss Protection from my account. I will have to wait 30 days before the Leak Loss Protection takes effect. Any leak that begins prior to the Leak Loss Protection taking effect will not be covered.

Signature: _____ Date: _____

SAVANNAH VALLEY UTILITY DISTRICT

CUSTOMER CROSS CONNECTION SURVEY

TENNESSEE STATE WATER REGULATIONS REQUIRE SUPPLIERS OF PUBLIC WATER TO MAINTAIN RECORDS OF POSSIBLE CROSS CONNECTIONS TO THEIR SYSTEM. IF ANY OF THE ITEMS BELOW APPLY TO YOUR ACCOUNT, IT IS IMPORTANT THAT YOU COMPLETE THIS FORM AND RETURN IT TO OUR OFFICE.

DATE: _____

CUSTOMER NAME: _____

SERVICE ADDRESS: _____

TELEPHONE: _____

ARE ANY OF THE FOLLOWING LOCATED AT THIS SERVICE ADDRESS? (CHECK ALL THAT APPLY)

- ☐ WATER WELL
- ☐ LAWN SPRINKLER / IRRIGATION SYSTEM
- ☐ SWIMMING POOL / SPA
- ☐ FIRE SPRINKLER SYSTEM
- ☐ CATTLE /LIVESTOCK WATERER
- ☐ WATER STORAGE TANK
- ☐ CHEMICAL STORAGE