

**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](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.

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CUSTOMER SIGNATURE

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SOCIAL SECURITY # / EIN #

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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](http://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