

**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**