

**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**