

City of Grantville

123 LaGrange Street

P.O. Box 160

Grantville, GA 30220

770-583-2289

Telephone

770-583-2280

Telefax

City of Grantville Application for Water Leak Protection Program

Customer Name on Account _____

Address Street _____

City State Zip code _____

Account Number _____

Phone Number _____ Email: _____

Protection Amount Selection:

- ☐ \$2.00 _____ \$1,000.00 coverage per calendar year
- ☐ \$4.00 _____ \$3,000.00 coverage per calendar year
- ☐ \$10.00 _____ \$7,500.00 coverage per calendar year

By signing up for the City of Grantville Leak Protection Program ("Program") I understand and agree as follows:

1. I must pay for the Program for a period of twenty-four (24) months (the "Enrollment Period").
2. Once I have enrolled in the Program, I cannot cancel my enrollment during the Enrollment Period unless I disconnect my service for the account/meter shown on this Application.
3. At any time during the Enrollment Period, I can upgrade to a higher protection amount, or downgrade to a lower protection amount.
4. To obtain a leak adjustment under the Program I must, within 30 days of identifying a leak, notify the City of Grantville Utilities Department that the leak has been identified and repaired, and must I submit written proof that the leak has been repaired.
5. If the City of Grantville Utilities Department determines, in its sole discretion, that a leak qualifies for adjustment under the Program, I will receive an adjustment after a reading of the meters.
6. The method of calculating a leak adjustment shall be an average of six-month water usage for the period not involved in the leak, which normally will be the six-month period prior to discovery of the leak. In the event I have had water service for less than six months, the average monthly usage before the leak and after the leak shall be calculated so as to either meet the six-month requirement, or as nearly as practicable to determine the appropriate average six-month usage.
7. Any adjustment made under the terms of the Program will only be for my water usage and there will be NO adjustment for sewage usage.
8. Whether as a result of excessive claims under the policy, alterations or damage to Utilities Department equipment due to customer negligence and/or tampering, modifications in the Water-Leak Protection Program, or for any other reason, within the sole discretion of the Utilities Department, the City of Grantville reserves the right to terminate coverage under the Program at any time, provided that the City gives me ten days' written notice of such termination.

Account Holder Signature: _____ Date: _____

Clerk Confirmation Signature _____