



**Enroll in Water Leak Protection**

Account Number: \_\_\_\_\_

Customer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Service Address: \_\_\_\_\_

Please enroll my account in the City of Danielsville Utility District ServLine Water Leak Protection Program for the monthly charge of \$2.00 added to my utility bill beginning with \_\_\_\_\_ billing.  
(Month)

Please be advised, if your account was de-enrolled after the automatic enrollment period and you are now requesting to re-enroll in this program, there will be a 30-DAY waiting period.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**FOR STAFF USE ONLY**

Water Leak Service & Fees added to FMS account:	<input type="checkbox"/> Yes		Staff Signoff: _____
30-Day Waiting Period Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Staff Signoff: _____