



Enroll in Water Line Protection

Account Number: _____

Customer Name: _____ Phone: _____

Mailing Address: _____

Service Address: _____

Please enroll my account in the City of Danielsville Utility District ServLine Water Line Protection Program for the monthly charge of \$5.50 added to my utility bill beginning with _____ billing.
(Month)

Signature: _____

Date: _____

FOR STAFF USE ONLY

Water Line 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: _____