



CONFIRMATION LETTER
OF
WATER SERVICE LINE PROTECTION PROGRAM COVERAGE
FOR POTENTIAL REPAIRS
TO CUSTOMER WATER SERVICE LINE

Account #: _____ Effective Date: _____

Name: _____

Service Address: _____

Billing Address: _____

Is this a single-family home? _____ If not, how many living units are included? _____

Telephone Number: _____ Cellular Phone: _____ E-mail: _____

I hereby apply for Water Service Line Protection per the WATER SERVICE LINE PROTECTION PROGRAM TERMS AND CONDITIONS dated January 1, 2019 and agree to take such protection for at least one year from the date above and pursuant to the following additional terms:

- 1) The applicant agrees to pay a Program Fee of \$5 per month for the term of the agreement.
- 2) The applicant agrees to pay any amount above the Protection Limit as specified in the Water Service Line Protection Program Terms and Conditions, with notification of the extra cost being given by Pascoag prior to work being performed.
- 3) The applicant hereby grants all rights of easement to the Pascoag Utility District in connection with the repair of the Water Service Line.
- 4) I acknowledge that I have received a copy of the WATER SERVICE LINE PROTECTION PROGRAM TERMS AND CONDITIONS, which are incorporated herein and made a part hereof.

Customer
Signature: _____ Date: _____

Pascoag Utility District

Approved By: _____ Date: _____