



Water Service Line Protection Program

Coverage for Potential Repairs to Customer Water Service Line

Water Account Customer Name: _____

Water Account Number: _____

Service Address: _____

Mailing Address (if different): _____

Phone Number: _____

Email Address: _____

Is this a single family home (please circle): Yes or No

If not, how many units are included? _____

Effective Date of Coverage: _____

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: _____

Clear River Electric & Water District

Approved by: _____ Date: _____