



Protection Plans for Residential Customers ENROLLMENT FORM

Yes! Sign me up!

To enroll in any of the Safety Valve Protection Plans, please complete this form and return it along with your payment in the enclosed Safety Valve envelope.

Or call anytime, 24/7, to enroll by phone with a MasterCard or Visa:

203.362.3093 in the Bridgeport, CT area
1.888.537.5006 toll free
1.800.713.1613 toll free

PLEASE DO NOT TEAR THIS FORM, BUT RETURN IT IN ITS ENTIRETY.

NAME(S): _____

BILLING ADDRESS: _____

BILLING CITY: _____ BILLING STATE: _____ BILLING ZIP: _____

Billing Address

SERVICE ADDRESS: _____
 SERVICE CITY: _____ SERVICE STATE: **CT**

Service Location

If enrolling a property other than the service address printed above, please call the Safety Valve office at one of the telephone numbers noted above and separate enrollment forms will be provided.

**THE NEW BRITAIN WATER DEPARTMENT & DEPARTMENT OF PUBLIC WORKS ENDORSES
 THIS SPECIAL OFFER FOR THEIR RESIDENTIAL WATER & SEWER CUSTOMERS.
 PROTECT YOUR SEWER & WATER LINE BY ENROLLING TODAY!**

These Plans are **NOT** available to commercial, mixed use, condominium units, apartment complexes or seasonal properties. The Sewer Plan is **NOT** available to customers with Septic Systems or service lines over 300 feet in length.

1 Check the appropriate box with your plan choice:

- COMBO:** **\$ 149.98** for one year
(Both Water & Sewer)
- WATER** only: **\$ 59.99** for one year
- SEWER** only: **\$ 89.99** for one year

Your Responsibility

All covered parts must be in good operating condition on the date Plan coverage begins. Any sewer backup(s), collapse(s), or blockage(s) that exist prior to Plan enrollment will not be covered. The Company reserves the right to make an on-site inspection of your sewer line before accepting any responsibility under the Plan.

2 Contact Information

Day Phone () _____

Additional Phone () _____

Email Address _____

A payment confirmation will be sent to the email address provided.

3 Payment Options

Plan coverage begins 30 days after receipt of payment.

Enclosed is my check or money order in the amount of \$ _____.

*Make all checks and money orders payable to **SAFETY VALVE**. Include this completed form with your check or money order in the enclosed **Safety Valve Payment Envelope** or mail to: **Safety Valve, P.O. Box 3197, Danbury, CT 06813 - 3197.***

Charge my: Visa MasterCard

Credit Card Acct. No:

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Exp. _____

Credit card billing name and address if different from billing address above:

Name _____

Street _____

City _____ State _____ Zip _____



safetyvalveplans.com

COMPANY USE ONLY:

Account Number

WEB

COMBO-NEWB-CT

The accompanying brochures and service agreements are the only materials you will receive describing the Water and Sewer Line Protection Plans. **PLEASE KEEP THEM FOR REFERENCE AS A RECORD OF YOUR COVERAGE.** Within thirty (30) days following the purchase date, we will send you a letter welcoming you to the Safety Valve program.