SEWER LINE Protection Plan ENROLLMENT FORM

Yes! Sign me up!

To enroll in the Safety Valve Sewer Line Protection Plan, 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:

1.800.713.1613 *toll free*

203.336.7740 *in the Bridgeport, CT area*

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: NEW BRITAIN 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 a separate enrollment form will be provided.

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

This Plan is **NOT** available to homeowners with septic systems, commercial, mixed use, condominium units, apartment complexes, seasonal or property having remained unoccupied for more than 90 days or sewer service lines over 300 feet in length.

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☐ **$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:

Exp._____

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

Name

Street

City State Zip

HOMEOWNER SafetyValve COMPANY

safetyvalveplans.com

The accompanying **brochure and service agreement are the only materials you will receive describing the Sewer Line Protection Plan. 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.

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COMPANY USE ONLY:

Account Number: PL

SEF.8/15 STD WEB SEWER-NEWB-CT