



WATER LINE Protection Plan ENROLLMENT FORM

Yes! Sign me up!

To enroll in the Safety Valve Water 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

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: **RI**

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 PAWTUCKET WATER SUPPLY BOARD ENDORSES THIS SPECIAL OFFER FOR THEIR RESIDENTIAL WATER CUSTOMERS. *CHOOSE FROM ONE OF THREE PLAN COVERAGE LIMITS*

This Plan is **NOT** available to commercial, condominium units, apartment complexes or seasonal properties.

1 Select one of the plan choices below:

1 YEAR PLANS

- TOTAL PLAN \$68.00**
(No annual repair limit)
- STANDARD PLAN \$59.99**
(\$10,000 annual repair limit)
- BASIC PLAN \$47.99**
(\$5,000 annual repair limit)

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

The accompanying brochure and service agreement are the only materials you will receive describing the Water 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.

COMPANY USE ONLY:

Account Number -