



# 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

Account Number: **PL**    -

NAME(S): \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

SERVICE CITY: **WARWICK** SERVICE STATE: **RI**

BILLING CITY: \_\_\_\_\_ BILLING STATE: \_\_\_\_\_ BILLING ZIP: \_\_\_\_\_

**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.

**Billing Address**

**THE WARWICK SEWER AUTHORITY 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 unoccupied for more than 90 days or sewer service lines over 300 feet in length.

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

**1**

**\$98.99** for one year

**Your Responsibility**

All covered parts must be in good operating condition on the date Plan coverage begins. Any sewer back-up(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 (Completed Enrollment Form MUST Accompany Payment.)**

*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 \_\_\_\_\_



[safetyvalveplans.com](http://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.