



Enroll in Water Line Protection

Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Please enroll my account in the Bartow County Water Department ServLine Water Line Protection Program for the monthly charge of \$4.00 added to my utility bill.

Signature: \_\_\_\_\_

