

# WESTFIELD PUBLIC WORKS

## WATER SERVICE LINE PROTECTION PLAN PROGRAM RENEWAL FORM

I have read, understand and agree to the attached terms and conditions of the **City of Westfield's Water Service Line Protection Plan Program**. Upon approval I will be enrolled in the program: (check one) \_\_\_\_\_ **for the next 12 months, or**  
\_\_\_\_\_ **Yearly automatic renewal**

Applicant's Name: \_\_\_\_\_

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

Daytime Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Customer's Printed Name

_____	<u>\$96.00</u>	_____
Date	CURRENT ANNUAL FEE Payment Amount Enclosed	Check #

Or:

By check-marking the box I am authorizing Westfield Public Works to add monthly installments of \$8.00 each to my utility bill.