



**Enroll in Water Line Protection**

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

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

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

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

**Please enroll my account in the Kingsbury General Improvement District ServLine Water Line Protection Program for the monthly charge of \$4.62 added to my utility bill.**

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

Please submit form to [Brittney@kgid.org](mailto:Brittney@kgid.org) or fax  
775-588-3541. Thank you.

