



City of Gallipolis

LOCATION: 333 Third Avenue, Gallipolis, OH 45631 PHONE: 740.441.6006 (UTILITIES)
MAIL TO: P O BOX 339, GALLIPOLIS, OH 45631-0339 FAX: 740.441.2070
E-MAIL: citywater@gallipolisoh.com WEB SITE: www.cityofgallipolis.com

December 04, 2018

Dear City Water Customer:

The City of Gallipolis would like to offer you the opportunity to purchase Water and Sewer Insurance in the event of a water leak on your property. Customers have experienced high water and sewer bills when a leak occurs. By having the insurance, you can be covered for charges of the amount over your average bill, up to \$750.00 maximum per year. The cost to insure your service is \$2.00 per month. An average water leak can cost you around \$300.00 per occurrence.

The following is the ordinance and guidelines for the program:

921.09 WATER LEAK INSURANCE PROGRAM.

- (a) There is hereby established a Water Leak Insurance Program for the benefit of the customers of the Gallipolis City Water Department to be used to pay for the excess amount of fees due to water leakage.
- (b) The terms of the Water Leak Insurance Program are as follows:
 - (1) Coverage is two dollars (\$2.00) per month per customer account.
 - (2) The leak insurance will cover up to and including seven hundred and fifty dollars (\$750.00) per calendar year, per meter, and per customer any amount over the average monthly bill. After this amount is reached, the customer will be responsible for the balance of the bill.
 - (3) Insurance is valid only if the Gallipolis City Water Department is notified when the leak is identified and again after the leak is repaired.
 - (4) To figure the amount to be paid if a water leak occurs, the customer's bill will be averaged for the twelve months preceding. This average will be deducted from the leak amount. The remaining balance of water and sewer will be considered a leak and the leak amount will be paid for through the Water Leak Insurance Program once the repairs are finished and inspected. If the sewer is not used as a result of the water leak, then the sewer bill will not be charged. The amount available for payment each calendar year is seven hundred and fifty dollars (\$750.00) per customer account.
 - (5) The monthly fee of two dollars (\$2.00) will be added to each monthly bill for all new service signed for after the effective date of this ordinance. The insurance will be in effect from January 1st to December 31st. Insurance for new customers, if they decide to participate, will begin when they apply for service. There will be a twenty-day waiting period for the insurance to be in effect.
 - (6) Customers desiring to opt-out of this program must sign a Gallipolis City Water Department form containing their positive statement of intent to opt-out of the Water Leak Insurance Program.
 - (7) Customers currently on the Water Leak Insurance Program will have no change.
- (c) The Water Leak Insurance Program is for the payment of the water/sewer bill only. The insurance cannot be used to fill swimming pools or any other uses not considered leaks. The Water Leak Insurance Program does not pay for the customer's repairs.

Please fill out the attached form and return it to the Gallipolis Utility Department at 333 Third Avenue, Gallipolis, Ohio 45631. Call the Utility Office, 740-441-6006, with any questions.

Sincerely,

Dow W Saunders, Gallipolis City Manager

WATER LEAK INSURANCE AGREEMENT / OPT-OUT

Account Number: _____

Service Address: _____

Customer Name: _____
(Print)

Mailing Address: _____

Phone Number: _____

This is my authorization for the City of Gallipolis Utilities to charge my water/sewer account \$2.00 per month for the Water Leak Insurance Program. I understand there will be a twenty (20) day waiting period for the insurance to be in effect which will start when this form is received by the City of Gallipolis Utility Department. Should I no longer wish to participate in the Water Leak Insurance Program, I will notify the City of Gallipolis Utilities in writing that I no longer desire this service, allowing reasonable time to act on my notification.

My signature on this form means I have read and understand the terms of the Water Leak Insurance Program.

Print Name: _____

Signature: _____
(For Insurance Program)

Date: _____

To Opt-Out:

Please remove my account from the City Water Leak Insurance program. I *do not* want to have the leak protection. I recognize the Water Leak Insurance for \$2.00 per month is the method to have any excess water/sewer charges from leaks or breaks on my water lines or plumbing systems adjusted, but I do not want the service.

I agree to pay any excess water/sewer bills due to leaks or line breaks that would have previously been adjusted by the Gallipolis City Water Department adjustment policy or would have been paid through the Gallipolis City Water Leak Insurance program.

Print Name: _____

Signature: _____
(Opt-Out Insurance Program)

Date: _____

For Office Use Only:

City Employee Signature: _____ Date Received: _____

Customer Name

Account Number

Effective Date