



**Decline Water Loss Protection –
Leak Protection**

Date: _____ Account Number: _____

Customer Name: _____ Address: _____

Please remove my account from the Water Loss Protection - Leak Protection Program. I do not want the leak protection.

I recognize the Water Loss Protection Program for \$5.00/month is the method to have any excess water 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 bills due to leaks or line breaks that would have previously been adjusted by the Coosa Water Authority leak adjustment policy or would have been paid through The Coosa Water Authority ServLine Water Loss Protection Program.

Signature: _____

