



## De-Enroll from Basic Leak Protection

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

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

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

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

\_\_\_\_\_

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

I recognize the Water Loss Protection Program for \$2.00/month is the method to have any excess water bill 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 Second South Cheatham Utility District leak adjustment policy or would have been paid through the Servline Water Loss Protection Program.

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