

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

## Rural Water District No. 5 Wagoner County PO Box 835, Coweta, OK 74429 (P) 918-486-5458 (F) 918-486-1440

Website: <u>www.ruralwater5.com</u> TDD #711

## Water Loss Protection Program Opt-Out Form

	per Name on Account:
(Benefi	it Unit Holder)
Wago	(Member Name), request Rural Water District No. 5, ner County to remove the Water Loss Protection Program and the charge for an from the water bill as of the day of
I ackr	nowledge the following statements:
1.	The Water Loss Protection Program will be removed from the account listed above.
2.	The fee for the protection program will be removed from my account going forward.
3.	I understand signing this opt-out form prevents adjustments or any assistance on my water bill due to eligible water leaks.
4.	I will not be eligible to re-enroll in the program until the next program renewal date which will be the following July $1^{st}$ .
Memb	er Signature: Date:
Printe	d Name:
	l Water District No. 5, Wagoner County acknowledges your sion to be removed from the Water Loss Protection Program.
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