

WATER SERVICE LINE **PROTECTION PROGRAM**

OPT-OUT FORM

We understand that you are electing to opt-out of the Water Service Line Protection Program with EJ Water Cooperative. Please mark the reasoning below, sign the document, and return it to our office. The charge will not be removed from your account until we receive the signed form.

- Price _____
- Ability to fix leak on our own
- Separate Insurance covers this
- Other _____

Confirmation

I (we) wish to opt-out of the Water Service Line Protection Plan effective immediately. I (we) understand that by opting out of the Water Service Line Protection Plan, I will be solely responsible for all water that passes through the meter, as well as the repairs to fix any and all leaks. EJ Water Cooperative encourages members to consult with their homeowner's insurance company and verify that they have protection from these potentially high expenses prior to opting out.

Dated this _____ day of _____, 20 _____

Signature(s) as appear on contract:

(Please Sign)

(Please Sign)

(Please Print Name)

(Please Print Name)



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