

# Loss Protection Opt In Form

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Instructions: Use this form to Opt In to the Water Leak Protection Plan, or to the Irrigation Leak Plan.

## **Water Leak Protection Plan Opt In** (use this section if you wish to add the Water Leak Protection Plan)

Please enroll me in the Water Leak Protection Plan. I understand that such enrollment will come with a monthly charge of \$2.00 to my monthly water bill from Piedmont Water Company. I acknowledge that the plan will take effect on the first day of the month following the submission of this form. I certify that I have authority to make this change to the account.

Name on Account: \_\_\_\_\_

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

Service Address: \_\_\_\_\_

Authorized Person Signature: \_\_\_\_\_

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## **Irrigation Leak Plan Opt In** (use this section if you would like to enroll in the Irrigation Leak Plan in addition to the Water Leak Protection Plan)

Please enroll me in the Irrigation Leak Protection Plan. I understand that such enrollment will come with a monthly charge of \$3.50 to my monthly water bill from Piedmont Water Company. I acknowledge that the plan will take effect on the first day of the month following the submission of this form. I certify that I have authority to make this change to the account listed below.

Name on Account: \_\_\_\_\_

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

Service Address: \_\_\_\_\_

Authorized Person Signature: \_\_\_\_\_

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**Please return this form in one of the following ways:**

**By mail:** Piedmont Water Company  
P.O. Box 80745  
Atlanta, Georgia 30366

**By Fax:** 404-235-4977

**Email a scanned copy to:** [customerservice@piedmontwater.com](mailto:customerservice@piedmontwater.com)

**PLEASE DO NOT INCLUDE WITH YOUR MONTHLY BILL PAYMENT**