

Loss Protection Selection Form

Instructions: Use this form to opt-out of the Water Leak Protection Plan.

Water Leak Protection Plan Opt

I hereby decline protection under the Water Leak Protection Plan for the Piedmont Water Company account listed below and do not wish to be billed for such coverage. I certify that I have authority to make this change to the account, and I further acknowledge I am responsible for any and all charges incurred on my water bill.

Name on Account: _____

Account Number: _____

Service Address: _____

Authorized Person Signature: _____

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

PLEASE DO NOT INCLUDE WITH YOUR MONTHLY BILL PAYMENT