

Loss Protection Opt In Form

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: _____

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: _____

Please return this form in one of the following ways:

By mail: Piedmont Water Company
P.O. Box 913
Greensboro, Georgia 30642

By Fax: 404-235-4977

Email a scanned copy to: customerservice@piedmontwater.com

PLEASE DO NOT INCLUDE WITH YOUR MONTHLY BILL PAYMENT