



Notice to Opt Out of Coverage:

Customer Name: _____
Account Number: _____
Service Address: _____
Contact Number: _____

By my signature below, I hereby "opt out" refusing the Leak Adjustment Protection Program and request the monthly charge removed from my monthly bill. I understand that I am responsible for paying all balances due after the City of Senoia provides any adjustment subject to the updated Leak Adjustment Policy and its sole discretion.

Signature: _____
Date: _____