



Decline Water Loss Protection –
Leak Protection

Date: _____

Account Number: _____

Customer Name: _____

Address: _____

Please remove my account from the Bartow County Water Department Water Loss Protection - Leak Protection Program. I do not want the leak protection.

I recognize the Water Loss Protection Program for \$2.00/month is the method to have any excess water charges from leaks or breaks on my water lines or plumbing systems adjusted, but I do not want the service.

I agree to pay any excess water bills due to leaks or line breaks that would have previously been adjusted by the Bartow County Water Department leak adjustment policy or would have been paid through The Bartow County Water Department ServLine Water Loss Protection Program.

Signature: _____

