

Water Loss Protection Plan Opt-Out Letter

Account Number: _____

Name on Account: _____

I, _____, request City of Concord to remove the Water Loss Protection Plan and the charge for this plan from the water bill as of _____ day of _____, _____. I acknowledge the following statements:

1. The protection plan will be removed from the water account stated above.
2. I understand signing this agreement prevents adjustments to the water portion of my water bill in the future.
3. The fee for the protection plan will be removed from my account going forward.
4. If I decide to re-enroll for the protection plan in the future there is a 90-day waiting period before the plan is in effect.

The City of Concord acknowledges your decision to be removed from the protection plan; however, no water bill adjustments will be made on your account in the future due to leaks, without this plan in place.

Please indicate which of the following applies to this account: Owner/Landlord _____ Tenant _____

If you are the tenant please provide the following information:

Landlord Name: _____ Landlord Phone Number: _____

Regards,
City of Concord

Date: _____

(Representative of City of Concord.)

Customer Signature: _____ Date: _____

Print Name: _____