



**Decline Water Loss Protection –  
Leak Protection**

Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Please remove my account from the Kingsbury General Improvement District Water Loss Protection - Leak Protection Program. I do not want the leak protection.**

**I recognize the Kingsbury General Improvement District Water Loss Protection Program for \$1.37/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 Kingsbury General Improvement District leak adjustment policy or would have been paid through The Kingsbury General Improvement District ServLine Water Loss Protection Program.**

**Signature:** \_\_\_\_\_

Please submit form to [Brittney@kgid.org](mailto:Brittney@kgid.org) or fax:

775-588-3541. Thank you.

