



# SERVICE ASSURED® ELECTRIC SERVICE AND WATER SERVICE REPAIR PROGRAMS OPT-OUT FORM



To request removal from your Service Assured® Electric Service and/or Water Service Repair Program enrollment, please return this completed form by mail or email to:

Rochester Public Utilities  
4000 East River Road NE  
Rochester, MN 55906-2813  
customercare@rpu.org

Your enrollment will be canceled within five business days upon receipt of this completed form.



## CUSTOMER INFORMATION

Name on Account (property owner) \_\_\_\_\_ Account Number \_\_\_\_\_

Service Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different from service address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Phone Number (with area code) \_\_\_\_\_  
Home      Cell      Other:

E-mail Address \_\_\_\_\_

## OPT-OUT REQUESTS & SIGNATURE

I WOULD LIKE TO REQUEST REMOVAL FROM:

**ONLY SERVICE ASSURED® ELECTRIC SERVICE REPAIR PROGRAM**

**ONLY SERVICE ASSURED® WATER SERVICE REPAIR PROGRAM**

**BOTH SERVICE ASSURED® REPAIR PROGRAMS**

By typing my first and last names in the signature box below, I certify that I am the property owner responsible for the electric service and/or water service at the above listed address. I understand that by canceling my Service Assured® Electric Service and/or Water Service Repair Program(s), I will be responsible for all costs to repair, replace, and/or restore my service(s) if any damage occurs, including but not limited to restoration of roadway, public right of way, personal property, and service line replacement. I understand this is a voluntary opt-out and I will not be allowed to re-enroll in the Service Assured® Service Repair Program(s) for 12 months from my opt-out date. After 12 months, if I want to re-enroll, I acknowledge that a pre-approval inspection performed by RPU is required. Pre-existing conditions found in this inspection (e.g. leaks, improper installation, etc.) will render me ineligible for re-enrollment until I repair the condition(s), at my cost.

Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_