



# SERVICE ASSURED® WATER SERVICE REPAIR COVERAGE OPT-OUT FORM

To cancel your Service Assured® Water Service Repair Coverage, please return this completed form by mail or email to:

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



Your coverage 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 REQUEST & SIGNATURE

**CHECK THIS BOX TO REQUEST CANCELLATION OF YOUR SERVICE ASSURED® WATER SERVICE REPAIR COVERAGE.**

By typing my first and last names in the signature box below, I certify that I am the property owner responsible for the water service line at the above listed address. I understand that by canceling my Service Assured® Water Service Repair Coverage, I will be responsible for all costs to repair, replace, and/or restore my water service line 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 Service Assured® Water Service Repair Coverage 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 Box \_\_\_\_\_ Date \_\_\_\_\_