

OPT-OUT FORM

To cancel your service line protection, please return this completed form to Owatonna Public Utilities. Your service line protection will be canceled within 5 business days upon receipt of this completed form.

First Name (As it appears on account)

Last Name (As it appears on account)

Address

Address 2

City	MN	State	Zip
------	----	-------	-----

() -

Phone Number



**Check here to cancel
Water Service Line Protection**

By signing below I certify that I am the customer responsible for utilities at the above listed address. I understand that by canceling my Water Service Line Protection I will be responsible for all costs to replace and 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 that OPU will perform a pre-inspection should I choose to add Water Service Line Protection in the future.

Signature

Date

