



Rural Water District #6 Wagoner County
2219 W Hwy 51, OK 74467
(P) 918-485-4195
Website: rwd6wagoner.com

Water Loss Protection Program Opt-In Form

Tap Number: _____

Member Name on Account: _____
(Benefit Unit Holder)

I _____ (Member Name), request Rural Water District No. 6, Wagoner County to add the Water Loss Protection Program and the monthly charge for the program to my water bill effective July 1, _____(Year).

I acknowledge the following statements:

1. The Water Loss Protection Program will be added to the account listed above.
2. The \$5.00 fee for the protection program will be added to the account going forward.
3. I understand signing this opt-in form will allow assistance on one water bill per year due to an eligible water leak.
4. I will be eligible to enroll in the program on July 1st.
5. I have read & accept the terms of this program.

Member Signature: _____ Date: _____

Printed Name: _____

Rural water District No. 6, Wagoner County acknowledges your decision to be added to the Water Loss Protection Program.

RWD No. 6
Representative: _____ Date: _____