



AMR Opt-Out Agreement

~~NAME~~ ~~ADDRESS~~ ~~CITY~~ ~~STATE~~ ~~ZIP~~ ~~PHONE~~

~~ACCOUNT~~ ~~NUMBER~~ ~~TYPE~~ ~~CLASS~~

x ~~OPTION~~

x ~~DATE~~ ~~OF~~ ~~AGREEMENT~~ ~~SIGNATURE~~ ~~DATE~~ ~~INITIALS~~

x ~~BY~~ ~~THE~~ ~~CUSTOMER~~ ~~OR~~ ~~BY~~ ~~THE~~ ~~AGENT~~ ~~DATE~~ ~~SIGNATURE~~

~~PLEASE PRINT OR TYPE CLEARLY~~
~~YOUR NAME AND ADDRESS~~
~~ON THIS FORM~~
~~FOR THE AMR OPT-OUT~~

Customer and Meter Information

** indicates required field*

~~NAME~~ ~~ADDRESS~~ ~~CITY~~ ~~STATE~~ ~~ZIP~~
~~PHONE~~ ~~NUMBER~~ ~~TYPE~~
~~ACCOUNT~~ ~~NUMBER~~ ~~TYPE~~ ~~CLASS~~
~~DATE~~ ~~SIGNATURE~~ ~~INITIALS~~
DCWSA A *B



Are there any meter access issues that we need to be aware of at the service address?

Yes No

If Yes, please describe: _____

(Please indicate if locked gate, dog, etc.)

Terms and Conditions

I agree that I am a customer of record at the customer account number entered above. Further, I am indicating that I want to opt out of Dade County Water & Sewer Authority's AMR/AMI Program and am subject to the requirement of providing physical access to the meter each month for manual reads, an initial setup fee and a monthly read charge per meter per month which will be added to each monthly bill. By opting out, I understand that all automated metering-enabled services may no longer be available to me, and I thus agree to forfeit these services and benefits. I agree that this Agreement is subject to and incorporates the rules, regulations, and rate schedules for utilities service on file with Dade County Water & Sewer Authority, as amended from time to time. Except as expressly provided herein, the terms and conditions of existing Contract(s) for utilities service and other Agreement(s), if any, between DCWSA and Customer shall remain in full force and effect. This Agreement will remain in effect until terminated by either party. Furthermore, I agree to adhere to requirements of the Program, including but not limited to, allowing access to obtain meter reads at my property and timely payment. Failure to adhere to these terms and conditions will result in removal from the Program and the installation of standard automated metering equipment, at customer's expense, at the premise.

Account Owner Acknowledgement

Account Owner: _____ Date: _____

You may submit this completed form to Dade County Water & Sewer Authority at

P.O. Box 1047, Trenton, GA 30752

or email a copy to us at

CustomerService@mydadewater.com

You may also fax this form to 706-657-6778 or drop off the form at our office located at 250 Bond Street, Trenton, GA 30752.