SERVICE DECLINATION STATEMENT

I understand that the	
	(Name of Association) system to serve my area. I have been given an opportunity to
sign a (Water) (Sewer) User's Contribecause	ract so that I might obtain service. I do not wish to be served
(Date)	(Signature)
	(Mailing Address)
	(Location)
	orrect to the best of my knowledge. It was not possible to user because
(Date)	(*Signature)

^{*}To be completed and signed by a representative of the association when applicable.