



CITY OF SOUTHAVEN

Top of Mississippi

Utilities Department

Leak Adjustment Request Form

Customer Name: _____

Service Address: _____

Phone Number: _____

Customer Account #: _____

Date of Repair: ___/___/_____

Repaired By: _____

Explanation & location of Leak _____

PLEASE READ AND INITIAL THE STATEMENTS BELOW BEFORE SIGNING.

_____ I did not receive any benefit from this loss/leak of water.

_____ **APPLYING FOR A LEAK ADJUSTMENT DOES NOT PREVENT YOUR SERVICES FROM BEING DISCONNECTED. YOU ARE STILL RESPONSIBLE FOR PAYING YOUR BILL AS NORMAL. YOU WILL BE CONTACTED BY THE OFFICE ONCE THE ADJUSTMENT IS COMPLETE.**

_____ I have attached a receipt for the repairs with the leak adjustment form.

_____ I understand that the leak adjustment must be approved by the board. If it is not approved by the board I will be responsible for the balance.

_____ I understand that I am only eligible for one leak adjustment per 12 months. For **any additional adjustment request during a 12 month period, the customer shall appear before the Mayor & the Board of Aldermen for approval.**

Customer name _____ Date: _____