



CITY OF SOUTHAVEN

Top of Mississippi

Utility 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.

_____ **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. **There are no exceptions to this policy.**

Customer name _____ Date: _____