

the city of **RIDGELAND**



**CITY OF RIDGELAND, MISSISSIPPI
LEAK ADJUSTMENT REQUEST**

100 W SCHOOL ST, RIDGELAND, MS 39157 – P.O. BOX 217, 39158
WATER BILLING: 601-856-3938 - FAX: 601-856-7819
utilitybilling@ridgelandms.org

Date: _____ Account #: _____

Account Name: _____

Service Address: _____

_____ Home Phone _____ Cell Phone _____ Work Phone

E-Mail Address: _____

I request an adjustment on the sewer to the above referenced account. I located a leak:

on or about _____. I had the leak repaired on (date): _____.

Please Note: An adjustment that exceeds 90 days past the original due date will not be considered. Only 2 adjustments are allowed in a 365 day period. **If approved**, only the sewer charges will be adjusted.

PLEASE ATTACH A COPY OF YOUR PLUMBER’S INVOICE OR COPIES OF RECEIPTS IF YOU MADE THE REPAIR YOURSELF. DOCUMENTATION OF THE REPAIR MUST BE ATTACHED TO THIS FORM IN ORDER FOR YOUR ACCOUNT TO BE ADJUSTED.

I do certify that the above information is true and correct to the best of my knowledge and I have not withheld any information.

Signature

(FOR OFFICE USE ONLY)

DATE REC'D: _____ BY: _____ FAXED EMAILED

ADJUSTMENT: APPROVED DENIED MAILED INHOUSE

REASON DENIED _____

Customer contacted by: _____

NOTES: _____