



**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: 601-790-2111

utilitybilling@ridgelandms.org

Date: _____ Account #: _____

Account Name: _____

Service Address: _____

_____ Home Phone _____ Cell Phone _____ Work Phone

E-Mail Address: _____

I request an adjustment to the sewer charges on the above referenced account.

I discovered a leak at (location):

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

PLEASE NOTE:

- Adjustments exceeding 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.**

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

I 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)

REC'D (INITIAL & DATE): _____ VIA: FAX EMAIL MAIL IN HOUSE

ADJUSTMENT: APPROVED DENIED

REASON DENIED _____

Customer contacted by: _____

NOTES: _____
