



## City of Petal

### Water Leak Adjustment Request

P. O. Box 405, Petal, MS 39465

(P) 601-544-6981 (F) 601-545-6685

ljackson@cityofpetal.com

Date: \_\_\_\_\_ Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**Please note: Per City of Petal Ordinance 2004 (103-A) only one (1) adjustment is allowed for the lifetime of your account.**

I understand if this adjustment is approved and credited to my account I will not qualify for any future adjustments on this account.

\_\_\_\_\_  
Signature of Customer

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(Office Use Only)

Date Received: \_\_\_\_\_

Adjustment Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Reason Denied: \_\_\_\_\_

Adjustment Amount: \_\_\_\_\_

I certify that this account has not received any prior Board approved adjustments due to leaks pursuant to Ordinance 2004 (103-A).

\_\_\_\_\_  
Water Clerk Signature