



WATER DEPARTMENT
(662) 563-4576
CITY OF BATESVILLE
P.O. Box 689 103 College Street
Batesville, Mississippi 38606

WATER LEAK ADJUSTMENT REQUEST

Customer Name: _____

Customer Account #: _____

Owner/Landlord: _____

Service Address: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

LEAK INFORMATION

Explanation & Location of Leak: _____

Date of Repair: _____

Repaired by: _____

REQUIRED: Attach documentation of repairs and proof of payment

NOTE: YOU MUST CONTINUE TO PAY YOUR NORMAL USAGE CHARGES TO AVOID BEING DISCONNECTED, FAILURE TO REMIT SUCH PAYMENT DURING THE PROCESSING OF YOUR LEAK ADJUSTMENT WILL RESULT IN THE DISCONNECTION OF SERVICES.

ONCE THE ADJUSTMENT IS APPROVED YOU WILL BE NOTIFIED BY OUR OFFICE.

Signature: _____ **Date:** _____

Office Use Only:

Date Received: _____

Received by: _____

Date of Last Adjustment: _____

Approved: _____ **Denied:** _____

Reason for denial: _____