

City of Pass Christian
Water Leak Adjustment Request Form

Date of Request: _____ Number of residents: _____

No adjustment will be made for commode repairs or any repair that enters the sewer system
Adjustments are considered for over the average sewer usage and half of the water usages

Customer Name	
Service Address	
Account Number	
Phone Number and Email	

I understand that payment may not be withheld; the payment must be current to avoid the penalty charges and possible termination of service.

Repair bill/receipts attached? Yes ___ No ___ Date repaired: _____

Statement of Repair

- ✓ I am applying for a possible credit adjustment on my utility account with the understanding that once the review process has been completed, the account **MAY NOT** be eligible for a credit. The review process is performed in the order the requests are received, and credits issued will be reflected on my utility statement as an adjusted amount. There will not be an adjusted bill sent out.
- ✓ I understand that payment may not be withheld; the amount must be current to avoid the penalty charges and possible termination of service.
- ✓ By your signature, you are stating you understand the terms of this request.
- ✓ In the event your account qualifies for an adjustment, the credit will be issued for no more than three months on any one leak per year. Applying for an adjustment on a past due account does not exempt a customer from making payment. You must keep your account in good standing to avoid possible termination of services.
- ✓ Once the adjustment has been reviewed, a representative will attempt to make contact with the customer.
- ✓ The customer will be responsible for all past due balances to be paid within three business days of adjustment decision to avoid termination of services. Only two adjustments may be requested per the calendar year.

Customer Signature: _____ Date: _____