

City of D'Iberville  
10383 AutoMall Parkway  
P O Box 6519  
D'Iberville MS 39540

Water Department Phone: (228) 392-2310

Request for Water Leak Adjustment

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Date Leak Was Repaired: \_\_\_\_\_

\*\*\*YOU MUST CONTINUE TO PAY YOUR AVERAGE MONTHLY CHARGES TO AVOID BEING DISCONNECTED. FAILURE TO MAKE SUCH PAYMENT WHILE YOUR LEAK ADJUSTMENT IS PENDING MAY RESULT IN DISCONNECTION OF SERVICES\*\*\*

PLEASE ATTACH RECEIPT FOR PARTS OR FROM PLUMBER AND WRITE A BRIEF DESCRIPTION OF REPAIRS MADE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOME ACCOUNTS MAY TAKE LONGER THAN OTHERS BEFORE REVIEWED. ONCE ADJUSTMENT IS COMPLETED OR DENIED, A REPRESENTATIVE WILL ATTEMPT TO CONTACT YOU. YOU WILL BE RESPONSIBLE FOR ALL PAST DUE BALANCES.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_