



PUBLIC WORKS DEPARTMENT
1000 Municipal Drive, Brandon, MS 39042
Phone: 601-824-4579
www.brandonms.org

APPLICATION FOR UTILITY BILLING ADJUSTMENT

Name: _____ Account #: _____

Service Address: _____

Telephone #: _____ Email Address: _____

	Broken Line in House				
	Broken Line in Yard				
	Broken Line Under House				
	Water Heater Leak				
	Filled Swimming Pool				
	<table border="1"><tr><td>Date Filled:</td></tr><tr><td>Beginning Reading:</td></tr><tr><td>Ending Reading:</td></tr><tr><td>Number of Gallons:</td></tr></table>	Date Filled:	Beginning Reading:	Ending Reading:	Number of Gallons:
Date Filled:					
Beginning Reading:					
Ending Reading:					
Number of Gallons:					
	Other (please provide details)				

Approximate Dates of Problem or How Long Problem Existed: _____

Brief Explanation: _____

If repaired by a plumber, a copy of the bill must be attached. If repaired by the homeowner, include any copies of receipts for repairs. Please provide a brief description of repairs made:

In order to be considered for a utility billing adjustment, the adjustment application must be filled out completely, repair receipts and an explanation of repairs must be provided with the application, and a signature must be provided at the bottom of the application. An adjustment will not be considered for an account without the required information.

I certify that the information furnished above is true and correct to the best of my knowledge. I understand that the submittal of an Application for Utility Billing Adjustment does not guarantee an adjustment will be made to my account. Submittal of an Application for Utility Billing Adjustment does, however, ensure that my account will be reviewed and a decision to grant or deny an adjustment will be made with the assistance of the specified information provided above. All applications must meet the requirements as set forth by the City of Brandon Adjustment Policy.

Signature: _____ Date: _____