

WATER LEAK REPAIR VERIFICATION

City of Hernando Water and Sewer Department
475 West Commerce Street Hernando, MS 38632
662-429-9092

Customer Information (please print)

Name as it appears on bill _____

Service address _____

Daytime phone number () _____

Do you rent the property at this address? ____ If yes, the property owner or manager must complete the remainder of this form.

REPAIR INFORMATION (please print)

Property owner or managers name _____ Date of repair _____

Daytime phone number () _____

Type of repair and location of property _____

Documentation and property owner's or manager's signature

Attach plumbing bill or receipts for repair parts. Sorry, no adjustments will be considered without this/these document(s).

By signing below, I certify that the information providing regarding this repair is correct. I understand that providing fraudulent information with the intent of lowering a utility bill may be punishable by applicable law.

I hereby grant permission to the City of Hernando Water and Sewer Department personnel to come onto my property to verify the repair of an outdoor leak.

I certify that I am the owner or rental property manager of the property located at this service address

Signature _____

For Office use only

Account Number _____ Billing period ending _____

High month usage _____ minus 6 month average _____ = Amount of Adjustment _____