

CITY OF BRANDON
PUBLIC WORKS DEPARTMENT
P. O. BOX 1539, BRANDON, MS 39043
Phone: (601) 825-8421 www.cityofbrandon.net Fax: (601) 824-4582

APPLICATION FOR WATER/SEWER ADJUSTMENT

Name: _____ Account #: _____

Service Address: _____

Telephone #: _____ Email Address: _____

Date Problem Began: _____

	Commode Running								
	Broken Line in House								
	Broken Line in Yard								
	Broken Line Under House								
	Water Heater Leak								
	Filled Swimming Pool								
	<table border="1"><tr><td>Gallon _____</td><td>Cubic Feet _____</td></tr><tr><td colspan="2">Beginning Reading:</td></tr><tr><td colspan="2">Ending Reading:</td></tr><tr><td colspan="2">Number of Gallons:</td></tr></table>	Gallon _____	Cubic Feet _____	Beginning Reading:		Ending Reading:		Number of Gallons:	
Gallon _____	Cubic Feet _____								
Beginning Reading:									
Ending Reading:									
Number of Gallons:									
	Other								

Brief Explanation: _____

Estimate How Long Problem Existed: _____

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 for consideration for a water/sewer adjustment, the adjustment application must be filled out completely, repair receipts and/or an explanation of repairs must be provided, and a signature provided at the bottom of the application. An adjustment will not be considered on an account without the required information.

I certify that the information furnished above is true and correct to the best of my knowledge. All applications must meet requirements as set forth by the City of Brandon Adjustment Policy.

Signature: _____ Date: _____