

**WATER LEAK REPAIR VERIFICATION**  
City of Senatobia Water & Gas Business Office  
133 N. Front St. – P. O. Box 1020  
Senatobia, MS 38668-102  
662-562-5251

**CUSTOMER INFORMATION (please print)**

Name as it appears on bill \_\_\_\_\_

Service Address \_\_\_\_\_

Daytime phone # \_\_\_\_\_ e-mail address \_\_\_\_\_

Do you rent the property at this service address? \_\_\_\_\_ If yes, the property owner or manager must complete the remainder of this form and sign.

**REPAIR INFORMATION (please print)**

Property owner or manager's name \_\_\_\_\_ Date of repair \_\_\_\_\_

Daytime phone number ( ) \_\_\_\_\_ E-mail address \_\_\_\_\_

Type of repair and location on 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 provided 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 Senatobia Utility 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 Periods ending \_\_\_\_\_ and \_\_\_\_\_

Prior six (6) month average gallons \_\_\_\_\_ x 2 = \_\_\_\_\_

Total gallons for two (2) consecutive highest bills \_\_\_\_\_ minus (-) monthly average \_\_\_\_\_ =

Total sewer adjustment gallons \_\_\_\_\_ Total Account credit \$ \_\_\_\_\_