

## PUBLIC WORKS DEPARTMENT 1000 Municipal Drive, Brandon, MS 39042 Phone: 601-824-4579 Fax: 601-824-4582

www.brandonms.org

## PUBLIC WORKS APPLICATION FOR ADJUSTMENT

Name:	Account #:
Service Address	:
Telephone #:	Email Address:
	Commode Running
	Broken Line in House
	Broken Line in Yard
	Broken Line Under House
	Water Heater Leak
	Filled Swimming Pool
	Date Filled:
	Beginning Reading:
	Ending Reading: Number of Gallons:
	Other
	Other
Approximate Da	ites of Problem or How Long Problem Existed:
Brief Explanatio	n:
	plumber, a copy of the bill must be attached. If repaired by the homeowner, ies of receipts for repairs. Please provide a brief description of repairs made:
repair receipts and application. An adj  I certify that understand that be made to my account will	eration for a water/sewer adjustment, the adjustment application must be filled out completely, for an explanation of repairs must be provided, and a signature provided at the bottom of the justment will not be considered on an account without the required information.  the information furnished above is true and correct to the best of my knowledge. I the submittal of an Application for Adjustment does not guarantee an adjustment will account. Submittal of an Application for Adjustment does, however, ensure that my be reviewed and a decision to grant or deny an adjustment will be made with the especified information provided above. All applications must meet requirements as set forth by the City of Brandon Adjustment Policy.
Signature:	Date:
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