



PEARL RIVER VALLEY
WATER SUPPLY DISTRICT

Pearl River Valley Water Supply District
Water Department
APPLICATION FOR WATER/SEWER
ADJUSTMENT

Name: _____

E-mail Address: _____

Phone Number: _____

Address: _____

Reason For Request

	*Water Leak
	*Broken Line In House
	*Broken Line In Yard
	*Water Heater Leak
	Filled Swimming Pool: (2) Pool Adjustments in a calendar year Beginning Meter Reading: _____ Ending Meter Reading: _____ Date Pool was Filled: _____ Other(s)(Brief Explanation): _____
	_____ _____ _____ _____

* ESTIMATE HOW LONG PROBLEM EXISTED: _____

LEAK REPAIRED BY: PLUMBER SELF

(If repaired by plumber, please attach copy of bill, or if leak repaired by homeowner, explain below and include the cost below).

I CERTIFY THAT THE INFORMATION FURNISHED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Date: _____

PLEASE RETURN ONE COMPLETED COPY OF THIS ADJUSTMENT FORM AND A COPY OF YOUR PLUMBERS BILL TO:

Pearl River Valley Water Supply District
P.O. Box 5219
Brandon, MS 39047