

*Marshall County Water Association*

512 Wingo Road Byhalia Ms. 38611

Office (662) 890-7415 Fax (662) 890-7419

[Marshallcountywater@comcast.net](mailto:Marshallcountywater@comcast.net)

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## **INSTRUCTIONS FOR COMPLETION OF LEAK ADJUSTMENT REQUEST FORM**

1. We will only approve a one time adjustment.
2. Any leak must be repaired within 3 business days of detection.
3. Please allow 4-6 weeks for your adjustment to be processed.
4. Please attach any plumbing receipts or a separate letter explaining how repairs completed.
5. Remember to fill out all information listed on the Leak Adjustment Form. Incomplete forms cannot be processed.
6. If your adjustment is denied, a representative will call you or a notice will be sent by mail.
7. Remember to continue to make regular monthly payments on your account while waiting for your Leak Adjustment. Nonpayment on your account could result in disconnection of service and additional fees.

## LEAK ADJUSTMENT REQUEST FORM

Customer Name

Owner/Landlord

Service Address

Mailing Address

Phone Number

Customer Account Number  
(Located on Utility Bill)

Explanation and location of leak:

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Date Repaired

Repaired By

Customer Signature

Date

*Office Use Only Below this Line*