



City of Bay Saint Louis Utility Department
688 Highway 90, Bay Saint Louis, MS 39520

REQUEST FOR ADJUSTMENT

WATER LEAK *

POOL

SEASONAL IRRIGATION

WASTEWATER & SEWER

GAS

DEBT SERVICE

LATE FEE

Date: _____

Account #: _____

Name: _____

Service Address: _____

Telephone Number: _____

Specific Request: _____

Proof of repair attached: YES or NO

*** ALL LEAKS REQUIRE PROOF OF REPAIR BEFORE CREDIT ***

By signing below I have read & verified that all information above is true and correct.

Customer's Signature

Date

Office Use Only:

Charges for bill in question: _____ 12 month average bill: _____

Water Charge: _____ Water Charge: _____

Sewer Charge: _____ Sewer Charge: _____

Wastewater Charge: _____ Wastewater Charge: _____

Consumption: _____ Consumption: _____

Wastewater Credit: \$ _____ Sewer Credit: \$ _____ Gas Credit: \$ _____

Debt Service Credit: \$ _____ Late Fee Credit: \$ _____ Water Credit: \$ _____

Garbage Credit: \$ _____ TOTAL CREDIT: \$ _____

Utility Clerk

Date

Approved By

Date