



**OXFORD**  
ELECTRIC  
DEPARTMENT

## WATER/SEWER LEAK ADJUSTMENT REQUEST FORM

Customer Name:	Account #:
Service Address:	
Email:	Daytime Contact Number:
Date Leak Occurred:	Date Leak Repaired:
Type of Leak: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Pool	
<b>REQUIRED DOCUMENTATION</b>	
Copy of repair invoice attached (if repaired professionally) OR Copy of repair receipts attached (if repaired by owner/tenant or agent)	
Brief description of leak and action taken to repair:	
<b>Please return this form and documentation to:</b>	
City of Oxford Electric Department 300 McElroy Drive Oxford, MS 38655 Fax: (662)232-2375 leslie@oxfordms.net	