

*Chuck Cariker*  
Mayor

## *Town of Tunica*

*Board of Aldermen*

*Jack Graves*  
*Brad Beach*  
*Andrew T. Dulaney*  
*Brooks Taylor*  
*Dan Pierce*

*Kate Scott Pennock*  
Town Clerk

*P. O. Box 395*  
*909 River Road*  
*Tunica, Mississippi 38676*  
*(662) 363-2432*  
*<https://townoftunica.com>*

### **Guidelines for Water Adjustments**

Adjustments of a water account will be determined on a case by case basis. Only one adjustment will be allowed per calendar year per water/sewer account. All requests for an adjustment must follow the guidelines and documentation must be provided to be considered. When guidelines are met an adjustment recommendation will be presented to the Board of Alderman at the following monthly board meeting. The Board of Alderman will determine if the adjustment is approved or denied. Adjustments will only cover 75% of any overages of monthly average with the second month only receiving half of the dollar amount. Upon approval or denial of adjustment bill must be paid in full within 30 days.

1. All forms must be completed and returned to Town Hall. Forms and Guidelines are available at Town Hall (909 River Rd. Tunica, MS 38676)
2. Any leak must be repaired before an adjustment will be considered.
3. Valid documentation of leak repairs is required. Copies of plumbing receipts, receipts of supplies purchased for repairs, and/or letters of explanation from property owners and /or property manager are valid documentation.
4. A meter read will occur after leak has been repaired to verify repairs and to insure an accurate adjustment. Please let us know after repairs are made.
5. Any swimming pool fill ups must be called in and recorded by a town employee the readings before and after filling up to receive any adjustment on your sewer. **NO EXCEPTIONS.**
6. Usage must be 50% more than your yearly average.
7. **Regular monthly payments on your water account must be made during the adjustment process. Nonpayment of account could result in disconnection of service and additional fees.**

Established 1883

Note: May take up to two months for adjustment to be approved in order to insure leak repairs.

# WATER ADJUSTMENT REVIEW

Date of Request \_\_\_\_\_

\_\_\_\_\_  
Customer Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Service Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
\*\*Property Owner/Landlord

Explanation and location of leak:  
\_\_\_\_\_  
\_\_\_\_\_

Month(s) needing adjusted:  
\_\_\_\_\_

Who repaired leak  
\_\_\_\_\_

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Initial/Date

Town of Tunica Employee

