

Account # _____ # of people in household _____

A F F I D A V I T

Madison Suburban Utility District

P. O. Box 175

Madison, TN 37116-0175

ATTN: Adjustment Clerk

I, _____ certify that the plumbing at
_____ was repaired by _____
(Address Location)

on _____. I understand and acknowledge that this
(Repair Date)

**plumbing is now free from leaks with the expectation that this repair
is of a permanent nature.** The exact leak and fixture (identify fixture
by type and its location on the property or in the house) repaired are
as follows: _____

In my opinion these leaks were large enough to have caused the increase
in the water bill which was rendered to the above address. I make
oath the matters set forth in the above certificate are true.

Signed: _____

**This form may be submitted by US mail- P.O. Box 175, Madison, TN 37115,
fax - 615-868-5595, email - msud@msud.net, in the drop box in front of
our office at 108 W. Webster St., or in person.**

**Please note: Waiting for an adjustment does not relieve the customer
of the obligation for paying the bill.**