



**MULTI-RESIDENTIAL/MULTI-COMMERCIAL WATER SERVICE
VACANCY REPORT AND AFFIDAVIT**

**State of Mississippi,
County of Pearl River**

Reporting Month/Year _____

Customer Name _____

Account Number _____

Total Number of Units _____

Total Number of Units Occupied _____

Total Number of Units Vacant _____

This report shall be completed in its entirety and filed with the Office of the City Clerk by the close of the twentieth (20th) day of each month or NO adjustment for vacancies to the water service utility bill shall be allowed for that particular month. If the twentieth (20th) day of the month falls on a weekend or a holiday, the Vacancy Report is due the last business day prior to the twentieth (20th) day of the month.

I, _____, do hereby certify under oath that the above information is true and correct in all respects.

Date _____ Signature _____

Sworn and subscribed to by me the undersigned authority on this, the _____ of
_____, A.D., 20_____.

Signature of Notary Public _____ Seal/Expiration Date _____