

## MWUA RETROFIT INSPECTION REQUEST

INSURED NAME \_\_\_\_\_ MWUA POLICY# \_\_\_\_\_

LOCATION ADDRESS \_\_\_\_\_

INSURED CONTACT INFORMATION: PH# \_\_\_\_\_ ALTERNATE # \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

AGENT NAME \_\_\_\_\_ AGENT PHONE# \_\_\_\_\_

HAS THE RETROFIT PRE-INSPECTION CHECK LIST BEEN COMPLETE? Y\_\_\_ N\_\_\_

THE NON-REFUNDABLE INSPECTION FEE (\$250) IS ENCLOSED? Y\_\_\_ N\_\_\_

SIGN NAME \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE SEND THE REQUEST ALONG WITH THE PRE-INSPECTION CHECK LIST AND  
INSPECTION FEE TO THE FOLLOWING ADDRESS:

MSRB  
ATTN. MWUA RETROFIT  
P.O. BOX 5231  
JACKSON, MS 39296-5231

YOU SHOULD BE CONTACTED WITHIN THE NEXT COUPLE OF WEEKS TO SET UP A  
TIME FOR AN ON SITE INSPECTION.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 601-981-2915.

### OFFICE USE:

INSPECTION FIRM _____ ID# _____
DATE ASSIGNED _____