

**MISSISSIPPI INSURANCE DEPARTMENT  
STATE FIRE MARSHAL'S OFFICE**

L. C. Gas Division  
P.O. Box 79  
Jackson, MS 39205  
(601) 359-1064

---

---

It is the State Regulation  
that a **leak test** is applied to the system  
if any of the following applies:

- 1. You are out of gas**
- 2. Your system is interrupted**
- 3. You are a new customer**

**After applying \_\_\_\_\_ pounds of  
Pressure for \_\_\_\_\_ minutes, we  
Have found your system to be leak free.**

**Thank you**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code