APPLICATION FOR DEPOSIT REFUND

Service Address: _____

Owner Name: _____

Mailing Address: _____

Phone Number: _____

OFFICE USE ONLY

Account Number: _____

Date Completed: _____

Refund Date: _____

Notes:

_____

_____

Pursuit to Ordinance #347 section 1. The undersign applies for refund of the water and sewer deposit.

DATED this _____ day of _____, 20____.

_____
OWNER SIGNATURE

_____ Taken By:_____
PRINT NAME

Mail Out Refund ____ **Apply Deposit to my Account_____**

Accepted_____

Denied_____ Reason: _____

_____

Applicant resided at above address from _____ to_____ no delinquency existed. $_____ amount refunded.

Water and Sewer bill delinquent in sum of $ _____.

Deposit applied and $_____ refunded.