



**(PART A) UTILITY DEPOSIT RETURN REQUEST**

Current name on account \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

To be eligible for a deposit refund, the customer's account must reflect timely payments, no late fees, cut-off notices, or dishonored payments for the previous twelve (12) months. After a review of the account and the sole judgement of the City, an approval for the deposit return may be granted. Once granted the deposit will be applied as a credit to the account. Requests must be received by the 10<sup>th</sup> or previous business day to be applied to the current month's bill.

I hereby request my utility deposit be credited to my utility account

I hereby certify that this information is truthful and accurate. I further understand that failure to pay my bill will result in my service being disconnected and my account will be turned to a collection agency if I do not pay my final bill. I will be responsible for any additional collection fees, charges and/or legal fees incurred in the collection of the debt.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Account # \_\_\_\_\_

**(PART B) THIS SECTION TO BE COMPLETED UTILITY BILLING DEPARTMENT**

APPROVED       DISAPPROVED

Signature \_\_\_\_\_

Date \_\_\_\_\_