



## **DEPOSIT REFUND FORM**

**As per Operations Policy, Deposit shall be refunded by application to their account after eighteen months (18), if the bill is paid current, with no delinquencies. Other deposits will be applied or refunded when customer moves from the District depending on balance status at the time. This form is a request to process the Deposit Refund.**

SERVICE ADDRESS: \_\_\_\_\_

NAME(S) ON ACCOUNT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

For District Use Only

Deposit Amount: \_\_\_\_\_ Customer# \_\_\_\_\_ Location#: \_\_\_\_\_