

City of Waitsburg
147 Main Street
P.O. Box 35
Waitsburg, WA 99361
Telephone: (509) 337-6371 Fax: (509) 337-8089

REQUEST FOR REFUND OF WATER DEPOSIT

Date: _____ Account #: _____

Name: _____

Service Address: _____

Mailing Address: _____

Telephone: _____

Date service connected in your name: _____

A customer may apply for and receive a water deposit refund if the following conditions have been met:

- (1) The person has satisfied all obligations to pay for utility services provided to the person; and,
- (2) Utility services to the person have been terminated at the request of the person, or more than 12 months have elapsed since the deposit was made; and,
- (3) The person has had, for the 12-month period prior to the request, no delinquency or default on the account. (WMC 9.01.145)

Signature Date

Official Use:

Date request was received: _____

Received by: _____

Refund: _____ Approved _____ Denied

By: _____ Date: _____

Other: _____

