## 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

Name:	Date:	Account #:
Mailing Address:	Name:	
Telephone:	Service Address:	
Date service connected in your name:	Mailing Address:	
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:  Received by:	Telephone:	
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Official Use:  Date request was received:	<ol> <li>(1) The person has satisfied all of provided to the person; and,</li> <li>(2) Utility services to the person person, or more than 12 mon made; and,</li> <li>(3) The person has had, for the 1</li> </ol>	have been terminated at the request of the ths have elapsed since the deposit was  2-month period prior to the request, no
Date request was received:	Signature	Date
Received by: Denied  By: Date:	Official Use:	
Refund: Approved Denied  By: Date:	Date request was received:	
By: Date:	Received by:	
	Refund: Approved	Denied
Other:	By:	Date:
	Other:	