



## WATER AND SEWER REQUEST FOR REFUND

Today's Date: \_\_\_\_\_

**Account No:** \_\_\_\_\_

**Customer's Name:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_ **Apt/Sp#:** \_\_\_\_\_

**Mailing/Forwarding Address:** \_\_\_\_\_

I understand that the City of Amity has the right to approve or deny this request, based on my payment history. If the City chooses to deny this request, I understand that I may request a refund on another date when a two-year "satisfactory" payment history has been established.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office City Use Only - Do NOT Fill Out Below**

**Received By:** \_\_\_\_\_

**Date Service Began:** \_\_\_\_\_ **No. of Times Late:** \_\_\_\_\_

Approved  Denied **By:** \_\_\_\_\_

*If Approved, Fill out Information Below:*

**Date:** \_\_\_\_\_ **Amount of Check: \$** \_\_\_\_\_.

**Check #:** \_\_\_\_\_ **Date Sent:** \_\_\_\_\_ **By:** \_\_\_\_\_