UTILITY DEPOSIT REFUND REQUEST

Date:_____

Name : _____

Service Address : _____

Account Number : _____

Date Account Started : _____

(Must have 6 months of 'on-time' payments)

☐ I am the property owner at this service address. I understand that a lien can be brought against the property should I ever fail to pay future water and sewer bills.

☐ I am a tenant at this address. I will provide the following Personally Identifiable Information for future collections should I ever fail to pay future water and sewer bills.

SSN : _____

Driver's License : _____

I authorize The Town of Lake City to make a one-time ACH payment for the deposit request refund to the following account:

Routing Number : _____

Account Number : _____

Signature : _____