



## DEPOSIT REFUND REQUEST FORM

**\*THIS FORM CAN ONLY BE FILLED OUT BY THE CUSTOMER(S) SPECIFIED ON THE UTILITY ACCOUNT.\***

Date: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Please choose your refund option:      Credit to Account Balance \_\_\_\_\_      Check \_\_\_\_\_

**Deposits are eligible to be refunded to customers if the following apply:**

- It has been 3 years since the Utility account has been consistently active for 36 months or more with no delinquent or NSF payments. \*\*\* The Code of Ordinances are the local laws that govern how the County does business. This portion of the code is very clear on the circumstances for a deposit refund and no variances or exceptions are allowed. Thus, no one on the County staff has the authority to make exceptions. \*\*\*
- Customer is requesting this refund in writing.

**Please note- Refund checks may take up to 8 weeks to process. Credits are processed upon receipt and confirmed eligibility.**

Person Filling Out this Form,                      (Print Name): \_\_\_\_\_

(Signature): \_\_\_\_\_

*Please mail, fax, email or hand deliver this form to:*

**CITRUS COUNTY UTILITIES**

**3600 W Sovereign Path**

**Lecanto, FL 34461**

**PHONE: (352) 527-7650**

**FAX: (352) 527-7644**

**Email: [waterresources@citrusbocc.com](mailto:waterresources@citrusbocc.com)**

**Internal Use Only-** Citrus County Utilities Employee's name processing this Deposit Refund:

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