



CITY OF LAKE WALES UTILITY BILLING DEPARTMENT REQUEST FOR DEPOSIT REFUND

Name: _____

Address of Account: _____

Billing Address if Different from Account Address:

Phone Number: _____

Utility Account Number: _____

Amount of Deposit(s): _____

Date of Deposit: _____

I, _____ hereby request a refund of my full deposit made for water and/or sewer service. I have maintained the account continuously for at least 3 years. I have not had a delinquent account and I have rendered no dishonored checks in payment for water and/or sewer service. I understand that the deposit refund will be applied first to the outstanding account balances and the credit balance to be refunded. I also understand that I may be required to remit a deposit in the future if I fail to make a timely payment or remit a dishonored check.

Signature

Date

Please allow two weeks for processing and delivery.