



DEPOSIT REFUND REQUEST FORM

Date: _____

Name on Account: _____

Account Number: _____

Service Address: _____

Mailing Address: _____

Phone Number(s): _____

Please choose your deposit refund option: Credit to Account Balance _____ Check _____

Water and Sewer deposits are eligible for being 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.
- Customer is requesting this refund in writing.

Please note, Deposit Refund checks may take up to 8 weeks to process. Credits are processed immediately 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

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