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.**
- **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

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

_____