

DEPOSIT REFUND REQUEST FORM

For Single Family Residences

Account Holders Name:			
Social Security # (last 4):			
Phone Number:			
Service Address:			
Account Number:			
E-mail address: The refund of a deposit is subject to the customer making a request in writing and the customer meeting all the requirements of Palmdale Water District's Rules and Regulations Section 10.03. B. "Refund of Deposit Single Family Residences Only)".			
One (1) year after a deposit is mad Customer must submit written req	•		p, non-payment, return check)
L.) As per section 10.03.B.2.b – "Customer has not incurred any additional disconnect charges on the account."			
2.) As per section 10.03.B.2.c – "C insufficient funds), rejected electrons		•	· -
I, ha print name must comply with them in order to account to see if it qualifies for a de approved, I request the refund of r	eposit refund. If refund	efund. I hereby reque nd request is denied t	est the District to review my
Please apply my deposi	it refund to my accour	nt.	
Please issue me a check (Please note that check	k refunds can take 3-4	weeks to process).	
Mailing Address for Ref	iund Check if different	than above address:	:
Signed,			
Account Holder Signature		Date	
Return by U.S. Mail, Fax (661) 947-	-8604, or scan and em	ail to "front_office@	palmdalewater.org"
For District Use Only Account Reviewed:	Approved	Denied**	