



DEPOSIT CREDIT REQUEST

Account No. _____

Name: _____ Date: _____

Address: _____

Utility Deposit Amount _____

Proof of Ownership (DL#) _____

I understand that an additional deposit (at rates effective as such time) and service charge shall be required if subsequent to application of the credit refund, service is shut off and a request for reinstatement of service is made.

Owner's Signature

*in order to qualify for deposit to be applied to utility account, deposits made up to 9/30/09 require 12 months of consecutive on-time payments, any deposits made 10/1/09 or after require 36 months of consecutive on time payments

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