

**CITY OF EDGEWATER  
FINANCE DEPARTMENT**

104 North Riverside Drive  
P.O. Box 100

Edgewater, Florida 32132

customerservice@cityofedgewater.org

Phone: (386) 424-2400

FAX: (386) 424-2409



**DEPOSIT CREDIT REQUEST**

Account number: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Utility Deposit Amount: \_\_\_\_\_

Proof of Ownership: \_\_\_\_\_

Driver's License Number

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

\_\_\_\_\_  
Owner's Signature

\*\*\*Deposits made before 09/30/2009 require 12 months of consecutive on-time payments. Deposits made after 10/01/2009 require 36 months of consecutive on-time payments. \*\*\*

\*\*\*Deposits will be applied to the account and used for future payments. \*\*\*