

Request of Refund

NOTICE: This form is to be completed by customers requesting refund of a credit on their account, a duplicate payment made online, or a refund of a payment made for a service no longer needed. You may request funds in the form of a check to be mailed or picked up at the Elmendorf City Hall. Depending on the type of payment submitted, you may also have funds credited to an existing utility account with the City of Elmendorf. Please provide an updated mailing address if you are requesting a refund check and allow 2 - 4 weeks for delivery. You may submit your request by fax to 210-635-8221 or by email to <u>waterclerk@elmendorf-tx.com</u> or during office hours Monday through Friday 8:00 am to 4:30 pm.

Applicant Information

Customer Name:	
Mailing Address:	
Telephone Number:	
Email Address:	
Service Address (If Applicable):	
Account Number (If Applicable):	

I, ______, hereby authorize the City of Elmendorf to initiate credit entries and to initiate, if necessary, debit entries and adjustments to my account indicated above and the depository to credit and/or debit the same to such account.

Form of Refund:	Mail	Pick Up	Credit	
Make check payabl	e to:			
If Applicable.				

ij Applicable.							
Credit	Credit Customer						
Account#:	Name:						
Credit Service							
Address:							

Signature

Date

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD).

This institution is an equal opportunity provider.