



CITY OF ALACHUA
P.O. BOX 9 ALACHUA, FL 32616
www.cityofalachua.com
utilities@cityofalachua.org
(386)418-6110 Fax: (386)418-6114

**** GOOD CREDIT DEPOSIT REFUND REQUEST ****

Deposit Credit Request

The City will credit the deposit of any residential customer to that customers' account when, for two consecutive years, the customer has maintained a timely payment record. A timely payment record shall be defined to mean the payment of all outstanding utility bills on or before the due date, **no** non-payment disconnects, **no** returned checks, **no** returned automated clearing house (ach) payments. The Utility Billing Supervisor may, upon good cause shown, approve the credit of the customer deposit if there has not been more than one late notice during the two-year period.

NAME: _____ UTILITY ACCOUNT #: _____

I understand that my deposit refund request depends on the acceptance of my payment record by the City of Alachua. The following criteria must be met.

1. Payment for utility bills by the due date for the previous consecutive 24 months.
2. No dishonored checks
3. No disconnects

TOTAL REFUND REQUEST \$ _____

CUSTOMER SIGNATURE: _____ Date: _____

CUSTOMER SERVICE: _____ Date: _____

REFUND APPROVAL: _____ DATE ENTERED: _____

REFUND DISAPPROVAL: _____ Noted: _____