

SERVICE DEPOSIT REFUND REQUEST
CITY OF VILLA GROVE

The refund of any service deposit for utility services is provided for in the City of Villa Grove Municipal Code, Title V, Chapter 53, Section 53.20 "Refunding of Service Deposits." Any customer who has placed a service deposit on file with the City may submit this form as a request in writing. Refund eligibility shall be determined by the following criteria:

1. The customer has not had their utility service terminated for non-payment of a utility bill in the last twelve months.
2. The customer has not had a returned check/ACH payment in the past twelve months.
3. The customer has not declared bankruptcy against an active City account in the past twelve months.
4. The customer has not in an unauthorized manner Diverted Utility Service or Tampered with the City's facilities.
5. The customer shall complete the necessary refund form and attest to their acknowledgement of the provisions of this entire section.

Customers who have paid a service deposit under §53.03 of the municipal code shall receive a full refund as a check payable to the account holder(s) on record.

Customers who have paid a service deposit under §§53.17 to 53.17-1 shall receive a partial refund, payable by check to the account holder(s) on record, on the following schedule, ASSUMING THE CONDITIONS ABOVE CONTINUE TO BE MET:

1. The customer shall receive a refund of any deposit amount on file over \$150 at the time of the request (thus reducing the deposit to \$150).
2. The customer shall receive an additional refund of \$75 six months from the original request date (thus reducing the deposit on file to \$75).
3. The customer shall receive a final refund of \$75 twelve months from the original request date (thus reducing the deposit on file to \$0).

If at any time following a full or partial refund of the service deposit the conditions above are no longer met, the City shall require a new/higher service deposit to be paid immediately in the form of cash or money order. Failure to pay such deposit shall constitute grounds for termination of the utility service. Such deposit will remain on file for a minimum of twenty-four months before the refund request can be submitted again.

Attestation by Account Holder:

I have read the rules and regulations above and understand that I must comply with them in order to receive my deposit refund. If my refund request is denied, the City will contact me with details as to why it was denied and when I can re-apply for the refund. If approved, I understand that the refund of my deposit will be in the form of a check payable to me, unless I request the refund be applied as a credit to my utility billing account. The City will provide documentation to show that the credit has been completed. Please indicate your specific refund preference by initiating one of the following: **I REQUEST A CHECK PAYMENT** _____ **I REQUEST AN ACCOUNT CREDIT** _____.

Signature: _____ Date: _____

Printed Name: _____ Account Number: _____

Service Address: _____ Service ID: _____

Mailing Address (if different than above): _____

FOR OFFICE USE ONLY

INITIAL APPLICATION _____ RESUBMITTED APPLICATION _____ CUST NO _____

DATE/TIME RECEIVED _____ BY _____ METER NO _____

PRINT OUT A TRANSACTION HISTORY FOR THE CUSTOMER FROM 12 OR 24 MONTHS AGO THROUGH TODAY

DETERMINATION THAT CRITERIA ARE MET

ANY UTILITY TERMINATIONS FOR NON-PAYMENT IN THE LAST TWELVE MONTHS? NO___ YES___
ANY PAYMENT METHOD RETURNED BY BANK AS INVALID IN THE PAST TWELVE MONTHS? NO___ YES___
ANY DECLARATION OF BANKRUPTCY AGAINST CITY IN THE PAST TWELVE MONTHS? NO___ YES___
HAS THE CUSTOMER DIVERTED UTILITY SERVICE OR TAMPERED WITH CITY FACILITIES? NO___ YES___
HAS THE OTHER SIDE OF THIS FORM BEEN FILLED OUT COMPLETELY AND SIGNED? YES___ NO___

IF ANY ANSWER IS CHECKED IN THE RIGHT COLUMN, CUSTOMER IS NOT ELIGIBLE AT THIS TIME

ENTER DATE THAT CUSTOMER CAN RE-APPLY _____
WRITTEN NOTICE OF DENIAL SENT ON _____ BY _____

IF ALL ANSWERS ARE IN THE LEFT COLUMN CUSTOMER CAN RECEIVE REFUND - PROCEED BELOW:

FOR CUSTOMER WHO HAS A \$53.03 DEPOSIT ON FILE, AMOUNT FOR FULL REFUND _____

METHOD OF REFUND REQUESTED BY CUSTOMER: PAID ON ACCOUNT _____ PAYABLE TO HIM/HER _____

VENDOR NO _____ EUF CHECK NO _____ ISSUED BY _____ SOFTWARE ENTRY BY _____

FOR CUSTOMER WHO HAS A \$53.17 DEPOSIT ON FILE, AMOUNT OF CURRENT DEPOSIT ON FILE _____

METHOD OF REFUND REQUESTED BY CUSTOMER: PAID ON ACCOUNT _____ PAYABLE TO HIM/HER _____

FIRST REFUND AMOUNT REQUESTED IS BALANCE OVER \$150.00, WHICH IS _____

VENDOR NO _____ EUF CHECK NO _____ ISSUED BY _____ SOFTWARE ENTRY BY _____

SECOND REFUND FOLLOW-UP DATE _____ ARE ALL CRITERIA ABOVE STILL MET? YES___ NO___

IF NO, ENTER DATE THAT CUSTOMER CAN RE-APPLY _____ (24 MONTHS FROM NOW)

WRITTEN NOTICE OF DENIAL SENT ON _____ BY _____

RE-PAYMENT AMOUNT DUE _____ DUE ON _____ SOFTWARE NOTE _____

IF YES, METHOD OF REFUND REQUESTED BY CUSTOMER: PAID ON ACCOUNT _____ PAYABLE TO HIM/HER _____

AMOUNT = \$75.00 EUF CHECK NO _____ ISSUED BY _____ SOFTWARE ENTRY BY _____

THIRD REFUND FOLLOW-UP DATE _____ ARE ALL CRITERIA ABOVE STILL MET? YES___ NO___

IF NO, ENTER DATE THAT CUSTOMER CAN RE-APPLY _____ (24 MONTHS FROM NOW)

WRITTEN NOTICE OF DENIAL SENT ON _____ BY _____

RE-PAYMENT AMOUNT DUE _____ DUE ON _____ SOFTWARE NOTE _____

IF YES, METHOD OF REFUND REQUESTED BY CUSTOMER: PAID ON ACCOUNT _____ PAYABLE TO HIM/HER _____

AMOUNT = \$75.00 EUF CHECK NO _____ ISSUED BY _____ SOFTWARE ENTRY BY _____