

**CITY OF LIVINGSTON
UTILITY DEPOSIT REFUND REQUEST**

Email: utilities@livingstoncity.com

Fax: (209) 394-4190



ACCOUNT INFORMATION	
Name	
Service Address	
Mailing Address	
Phone Number	

I hereby certify that I have previously paid a deposit to the City of Livingston for utility services, and I am now eligible to receive a refund of such deposit. Please check one option:

Apply credit to my account

Issue a check refund

Signature:

Date:

FOR OFFICE USE ONLY

Refund Approved By:

Refund Processed By:

Amount Refunded: