Pearlington	Water &	& Sewer	District

Date of Request:_____

Request for

REQUEST FOR SECURITY DEPOSIT REFUND

Please complete all information below. Once the Field Verification has confirmed that there is no power at the property, the water will be locked off and the account will be classified as inactive. If there is a balance the Security Deposit will be applied. The remaining amount will be mailed to you in the form of a check.

Customer Name (as shown o	n account)	
Account #		
Service Address:		×
Mailing Address:		
Contact Phone Number:		
Customer signature:		
4		
Date Field Verified:		
Meter #		Locked:
Power: YES	or NO	
Current Account balance:		e.
Security Deposit Amount Ap	plied:	z
Amount Owed to the Customer:		Check #
Date Sent:		
, Security Deposit Refund Form Nov.07'14	PEARLINGTON WATER AND SEWER DISTRICT 5265 HIGHWAY 604 POST OFFICE BOX 130 PEARLINGTON, MS 39572 228-533-0037 prlingtonwatersewer@att.net	