

Request for Refund of Water Deposit

Date of Request: _____ Date Received: _____

Homeowner Name: _____

Homeowner Address: _____

Mailing Address: _____

Phone: _____ e-Mail Address: _____

Please note: Deposit refunds will **not** be given on sprinkler accounts. Deposit refund decisions may be appealed annually.

Signature

For office use only

Review date: _____

Criteria: Number of Late Payments

 NSFs

 Shut off notices

 Other indebtedness to Villages of Sherman and/or Williamsville

Sherman Contact Date: _____

Approved for reimbursement

Not approved for reimbursement

Reason: _____

Date to apply for reconsideration (if applicable): _____

Check number & date of reimbursement: _____

Reviewed By:

The Village of Williamsville reserves the right to collect a water deposit if this account is no longer in good standing.