

# City of Duquesne

## Customer Refund Request Form

Date: \_\_\_\_\_

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### Account Holder Information

Account Holder Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Property Address:

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### Refund Information

Amount Requested for Refund: \$ \_\_\_\_\_

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### Reason for Refund Request

Please provide a **detailed explanation** of the reason you are requesting a refund. Attach additional pages if necessary.

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### Mailing Address for Refund Check

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

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## Authorization

I certify that the information provided on this form is accurate and complete to the best of my knowledge. I understand that all refund requests are subject to review and approval in accordance with City of Duquesne policies and procedures.

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## OFFICE USE ONLY

**Date Received:** \_\_\_\_\_

**Received By:** \_\_\_\_\_

**Refund Approved:**  Yes  No

**Approved By:** \_\_\_\_\_

**Approval Date:** \_\_\_\_\_

**Refund Amount Approved:** \$ \_\_\_\_\_

**Method of Refund:**

Check     Account Credit     Other: \_\_\_\_\_

**Check Number (if applicable):** \_\_\_\_\_

**Date Processed:** \_\_\_\_\_