



# Check Rebate Claim Form

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

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

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

## Section I: Customer Information *(must be the account holder)*

Name *(Last, First, MI)* :

Service Address:

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Address *(if different from service address)* :

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number:

(      )

## Section II: Refund Information

Did you receive a refund?

Yes  or No

Did you receive a refund, but it was lost, stolen, or destroyed?

Lost  Stolen  Destroyed  Other: \_\_\_\_\_

Would you like another check or apply your refund to your water account?

Check  or Apply to water account

## Section III: Certification

By signing below, you declare that you have examined this form, and to the best of your knowledge and belief, the information is true, correct, and complete. This claim form is a request to replace your rebate check, and if you receive the original check you will return the check to the District. Please sign below, exactly as you sign and endorse your check.

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

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

## For Office Use Only

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

Replacement Check# \_\_\_\_\_

Original Check# \_\_\_\_\_

Check Amount: \_\_\_\_\_

Stop Payment Date: \_\_\_\_\_