



City of Green Cove Springs

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321 Walnut Street

Green Cove Springs, Florida 32043
www.greencovesprings.com

Refund of Utility Deposit Request

Customer Account Number: _____

Customer's Name: _____

Address: _____

I _____, request my Deposit of \$ _____
to be applied to my Utility account.

In Order to qualify for this refund:

- A) My account must have been paid on or before the due date for the past 12 months.
- B) No return checks or Ach payments on my account for the past 12 months.

I understand that if at any time my account begins to accrue late payments, the City has a right to add a deposit back to the account.

Account Holder: _____
(Signature)

Date Requested: _____