



7837 Fair Oaks Boulevard
Carmichael, CA 95608
Phone: 916-483-2452
Fax: 916-483-5509

REFUND CLAIM FORM

CLAIMANT INFORMATION

NAME: _____ ACCOUNT #: _____
SERVICE ADDRESS: _____
MAILING ADDRESS IF DIFFERENT: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE #: _____ ALT PHONE #: _____

REFUND REQUEST AMOUNT \$ _____

TYPE OF PAYMENT

CASH: _____ CHECK: _____ CREDIT/DEBIT: _____

(PLEASE ATTACH PROOF OF PAYMENT IN THE FORM OF PAYMENT RECEIPT, COPY OF CHECK OR STATEMENT)

DESCRIPTION OF REASON FOR REFUND REQUEST: (USE BACK OF FORM IF NECESSARY)

I UNDERSTAND THAT THE DISTRICT CHARGES A REFUND PROCESSING FEE IN THE AMOUNT SET FORTH IN THE DISTRICT'S FISCAL YEAR FEE SCHEDULE THAT WILL BE DEDUCTED FROM THE CREDIT/OVERPAYMENT AMOUNT.

DATE: _____ SIGNATURE: _____

FOR OFFICE USE ONLY:

APPROVED BY: _____ DENIED BY: _____

DATE APPROVED: _____ DATE DENIED: _____

ENTERED BY: _____ REFUNDED AMOUNT: \$ _____

ENTERED DATE: _____ CHECK REQUEST DATE: _____