



Pascagoula Utilities Department
622 DELMAS AVE. • P.O. DRAWER 908
PASCAGOULA, MS 39567 • TELEPHONE 228-938-6633

PASCAGOULA WATER DEPOSIT REFUND REQUEST FORM

Account Holder Name: _____

Social Security # (last 4): _____

Phone Number: _____

Service Address: _____

Account Number: _____

E-mail Address: _____

The refund of a water deposit is subject to the customer completing the water deposit refund request form and submitting it to the Pascagoula Utilities Department. In addition, the applicant must satisfy the requirements of Section 84-4 of the City's Code of Ordinances, including the following:

1. Account holder has continuously made payments on the account on or before the appropriate due date for a period of two (2) years (twenty-four (24) consecutive months).
2. Account holder has no outstanding debts with the City of Pascagoula at the time application is submitted.

I, _____, have read the conditions above and understand that I must comply with them in order to receive my deposit refund. I hereby request that the Pascagoula Utilities Department review my account to determine whether it qualifies for a deposit refund. If my refund request is denied, the Pascagoula Utilities Department will contact me. If approved, the Pascagoula Utilities Department will apply my deposit refund as credit to my water service account

Account Holder Signature

Date

Water Deposit Refund Request Form Submission Options:

1. Hand Delivery to Utility Billing Staff at Pascagoula Utilities Department (622 Delmas Avenue).
2. Submitting via mail to the address listed below:
Pascagoula Utilities Department
622 Delmas Avenue
Pascagoula, MS 39567

