

THE PITTSBURGH WATER AND SEWER AUTHORITY

1200 Penn Avenue
Pittsburgh, PA 15222
412-255-2423
Fax: 412-255-2475

Customer Reference:

Re:

APPLICATION FOR REFUND

The Pittsburgh Water and Sewer Authority's records indicate a credit on your account. Please provide a mailing address below, sign, and date this form and return it to the above referenced address. Please be advised that refunds under \$500.00 require a minimum of four to six weeks for processing. For refunds of \$500.00 and over, please allow six to eight weeks for processing. The refund check will be issued to the name at the address indicated below.

For faster processing, please attach a copy of the front and back of the check that created the credit balance (optional).

PLEASE PRINT CLEARLY

Name: _____

Address: _____

City, State, Zipcode: _____

Phone Number: _____

Reason for requesting a refund: _____

Please note that any amounts contributing to the aforementioned credit balance that, after investigation, prove to not belong to this account will not be refunded. Further, any municipal debt delinquencies identified by the City of Pittsburgh against the service address above will be paid by The Pittsburgh Water and Sewer Authority prior to the issuance of any refund.

I/We indemnify The Pittsburgh Water and Sewer Authority for any loss that may be incurred by acceding to this request.

Signature(s): _____ Date: _____