



Telephone: (262) 521-5272 • Fax: (262) 521-5265 • E-mail: contactus@waukesha-water.com

## REQUEST FOR REFUND

Customer Name:	Account Num	Account Number:	
Address:	Service Address:		
City/State/Zip:	Date:		
The amount of the overpayment	<del></del> ,		
The overpayment was made on the above-desc	cribed account on	in the form of	
a check cash present	ted to the Waukesha Water	Utility.	
Please enclose a copy of the cancelled check	or receipt as proof that you	personally made this payment.	
By signing below, you are certifying that this a claim to it.	amount is rightfully yours a	nd that no other person(s) has valid	
This refund should be mailed to:			
Name:			
Address:			
City/State/Zip:			
Signed		Date	
Request processed by:			
Waukesha Water Utility		Date	