



TO: FAIRLAWN SEWER AUTHORITY BOARD OF DIRECTORS

Please note this provides a deposit return request for either an account holder that has permanently vacated the property for which the deposit was paid OR a Fairlawn Sewer Authority customer that has demonstrated timely payment of monthly bills for a MINIMUM of 12 continuous months.

This document is hereby requesting return of my security deposit which totals _____ . This deposit was paid when service was requested at the below address.

I am providing the account number as well as I understand processing of this request will not occur without a valid account number _____ .

As a sewer service request was made with a supporting deposit and my account is now closed as I have vacated the premises, I am requesting a deposit refund check is issued to the following address.

_____ Phone number _____

OR

I am a current customer of the authority that has established a 12 month on time payment history and wish to request deposit return. I also understand failure to maintain on time payment status will result in a deposit being reapplied. This request when approved will result in a one-time credit being added to my account.

By attaching my signature with the appropriate account information enables this request to be taken before the board for due action.

Signature

Date

THE COMPLETED FORM MUST BE SUBMITTED TO:
FAIRLAWN SEWER AUTHORITY
5136 PEPPERS FERRY BLVD.
FAIRLAWN, VIRGINIA 24141