



CITY OF STOCKTON • UTILITY BILLING
 PO BOX 1571, STOCKTON, CA 95201
 P (209) 937-8295 • F (209) 937-8051
 EMAIL • UTILITIES@STOCKTONCA.GOV
 HOURS • 8:00 AM – 4:30 PM
 MON – THU AND EVERY OTHER FRI

REFUND REQUEST FORM

Department (where payment was made): _____

Payee Information:

Please Print or Type:

Name: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Refund Information:

Account Holder Name: _____

Amount of Refund Request: _____

Service Address: _____

Account # _____ Receipt #: _____ Date Paid: _____

Reason for Requesting Refund: _____

A Copy of the receipt or other proof of payment must be attached.

Requester Certification:

I certify, under penalty of perjury, that the information provided is true and correct.

Subscribed and sworn on this _____ day of _____ 20_____

Signature

Printed Name

For City Use Only:

GL Account #: _____ - _____ - _____ - _____ Batch #: _____
Trust Accounts – Please forward to Accounting for approval

Recommended By: _____ Date: _____
City Representative (preparing or reviewing request)

Approved By: _____ Date: _____
Department Head or Designee (Originating Department)

Second Level Approval: _____ Date: _____
Chief Financial Officer or Designee

NOTE: Single refunds under \$500 require Department Head approval of the originating department only.
 Single refunds of \$500 or more require Second Level Approval for the Administrative Services Department.