



City of Apopka Refund Request Form

Utility Billing Division
150 East 5th Street, Apopka, FL 32703
Phone: 407-703-1727 Fax: 407-703-1630
Website: www.apopka.net

Submission Date: _____

Application:

Please read and complete the information below to request a refund.

Customer Information:

Full Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Email: _____

Refund Request:

Amount of Refund Requested: \$ _____

Account Number: _____

Service Address: _____

Reason for Refund:

Release Information:

As the customer and/or owner for the above listed service address, I hereby notify the City of Apopka Utility Billing Department that I request a refund as listed above.

By signing this claim form, I certify that all the facts and figures are true and complete to the best of my knowledge, and that no such refund has been previously claimed or received by me for the period covered by this claim.

Customer Signature: _____ Date: _____