



Request for Credit Balance

I, _____ Request the credit balance in the amount of
\$ _____ on Providence Water account number _____ for the service location
at _____.
Address City State Zip

Required Information:

Social Security Number (last four digits) or Driver License Number _____

Telephone Number _____ E-Mail _____

Copy of Settlement Sheet, if applicable.

Tax ID Number, if applicable _____

Kindly have the refund check payable to my attention and mailed out to:

Address City State Zip

Please note: Refunds may take up to 8 weeks. If you should have an outstanding balance due on another Providence Water account, the payment will be deducted from the credit amount before processing. Thank you.