



# District of Lantzville

## REFUND REQUEST FORM FOR OVERPAYMENT ON UTILITY ACCOUNTS

### A. PROPERTY OWNER INFORMATION (please print clearly):

Account Number:	Property Owner(s):		
Mailing Address:			
Service Address:			
Email:		Phone:	

### B. REFUND AMOUNT

Please refund the overpayment of \$ \_\_\_\_\_ on the above noted utility account to the mailing address provided.

### C. PROPERTY OWNER AUTHORIZATION FOR REFUND OF OVERPAYMENT

I/We warrant and represent that that all information provided is accurate; and, I/We warrant and guarantee that all persons whose signatures are required to authorize a refund request from the property tax account provided have signed the Authorization below;

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

- Please note your refund cheque will be sent to the mailing address provided and could take up to 6 weeks to process.

Personal information collected on this form, or provided with this form, is collected and protected in accordance with the Freedom of Information and Privacy Act and will be used for the purposes of Financial Services program administration. Questions regarding the collection/use of this information should be directed to the Information and Privacy Officer at 250.933.8082.

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