



CITY OF STOCKTON • UTILITY BILLING  
 PO BOX 1571, STOCKTON, CA 95201  
 P (209) 937-8295 • F (209) 937-8051  
 EMAIL • [UTILITIES@STOCKTONCA.GOV](mailto:UTILITIES@STOCKTONCA.GOV)  
 HOURS • 8:00 AM – 5:00 PM  
 MON – THU AND EVERY OTHER FRI

## REFUND REQUEST FORM

Department Where Payment Was Made:

### Contact Information:

*Please Print or Type:*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

### Refund Information:

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.

### Citizen 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 Staff Preparing Request or Reviewing Citizen 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.