



City of Canton

151 Elizabeth Street
Canton GA 30114
Phone 770-704-1500
Fax 770-704-1538
www.canton-georgia.com

E.H. "Hooky" Huffman, Ward I, *City Council*
Sandy McGrew, Ward I, *City Council*
Jack Goodwin, Ward II, *City Council*
Bill Grant, Ward II, *City Council*
John R. Rust, Ward III, *City Council*
Farris Yawn, Ward III, *City Council*

UTILITY DEPOSIT REFUND APPLICATION

I hereby authorize the City of Canton Utility Billing Department (UBD) to refund my utility deposit by crediting this amount to my Utility Billing Account. I declare that I am the property owner and resident of this address and believe myself to have an excellent payment history with the UBD, as defined by two current, consecutive years of account activity without the occurrence of delinquent payments, assessed penalties, and/or returned payments for non-sufficient funds.

I understand that eligibility for the utility deposit refund is dependent upon satisfactory review of my account and payment history. I also understand that, upon approval, the utility deposit will be refunded via a credit to my current utility billing account. Because this credit will eliminate the deposit on my utility billing account, I understand that I must continue to pay all future utility billings in full to avoid the reassessment of a utility deposit, penalties for late payment, disconnection for delinquency, and/or referral to a collection agency for unpaid balances.

Utility Billing Account Number: -

Name(s) on Account: _____

Address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Please complete this authorization and mail to:

City of Canton Utility Billing Department
151 Elizabeth St, Canton, GA 30114
Attention: Wanda Floyd
Email: wanda.floyd@canton-georgia.com

Only completed applications will be processed. If your application is declined, reasons will be provided. Please select method of notification below:

☐ Mail

☐ Email: _____

Aside from the actual credit found on your utility invoice, no further notification of approval will be provided. If you have any questions regarding the Utility Deposit Refund Application, please contact Customer Service at 770-720-1502

Signature _____ Date _____

City of Canton
Utility Deposit Refund Application

For Internal Use Only

Date Received: _____

Utility Billing Account Number: _____

Amount of Deposit on Account: _____

☐ Approved

☐ Not Approved - **Indicate Comment(s) Below**

Initials of reviewer: _____ Date: _____

Reviewer's Comments

☐ Account not found, or is not a current account

☐ Account lacks two years of bill/payment history

☐ Indication of penalty(s) or late payments on account within the past two years

☐ No deposit on record

☐ Incomplete application

☐ Other: Note below:

