



City of Rochester

Bureau of Treasury
Department of Finance
City Hall Room 100-A, 30 Church Street
Rochester, New York 14614-1294
www.cityofrochester.gov

Water Account - Credit Refund Request Form

CUSTOMER CONTACT INFORMATION

CUSTOMER NAME: _____

SERVICE LOCATION: _____ ACCOUNT #: _____

CITY _____ STATE _____ ZIP _____

*CUSTOMER PHONE # _____ ALTERNATIVE PHONE # _____

**You will be contacted if additional information is needed. Please provide the best phone number to reach you at between 9am-5pm EST*

TRANSACTION INFORMATION

APPROXIMATE DATE OF TRANSACTION: _____ REFUND AMOUNT REQUESTED: _____

TRANSACTION WAS PAID BY: CASH CHECK ONLINE BANKING CITIZEN PORTAL @ www.cityofrochester.gov

I certify I have paid all prior bills pertaining to this credit. If my request is approved, please mail my refund to:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CUSTOMER SIGNATURE _____

Please attach the following: - Proof of payment for last two payments made on the account
- Copy of bank/credit card statement, if applicable

***Insufficient supporting documentation may result in delay or denial of refund ***

This form may be mailed, emailed, or faxed:

Attention: Brian Gregor
City of Rochester, Bureau of Treasury
30 Church Street, Room 100A
Rochester, NY 14614
Brian.Gregor@cityofrochester.gov
Phone: (585) 428-7450 Fax: (585) 428-6774