



Tri County Joint Municipal Authority
PO Box 758
26 Monongahela Avenue
Fredericktown, PA 15333
T 724.377.2211
F 724.377.2212
www.tricountypa.org

Customer Account Number: _____

APPLICATION FOR REFUND

The records of Tri County Joint Municipal Authority indicate a credit on your account. Please provide a mailing address below, sign, and date this form and return it to the above referenced address. Please be advised that refunds under \$500.00 require a minimum of four to six weeks for processing. For refunds of \$500.00 and over, please allow six to eight weeks for processing. The refund check will be issued to the name at the address indicated below.

For faster processing, please attach a copy of the front and back of the check that created the credit balance (optional).

PLEASE PRINT CLEARLY

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Email Address: _____

Reason for requesting a refund: _____

Please note that any amounts contributing to the aforementioned credit balance that, after investigation, prove to not belong to this account will not be refunded

I/We indemnify Tri County Joint Municipal Authority for any loss that may be incurred by acceding to this request.

Signature(s): _____ Date: _____