

**CITY OF WARREN UTILITY SERVICES**

**AUTHORIZATION TO RELEASE REFUNDABLE DEPOSIT**

The undersigned makes claim to funds currently held in custody by the City of Warren Auditor's Office. This form must be completed and sent with two (2) proofs of claimant to Warren Utility Services, P.O. Box 670, Warren, OH 44482-0670. Proof of Claimant may include a clear photo copy of photo ID, driver's license, State ID or work ID. For proof of Social Security number, you may send a clear photo copy of a document with your name and Social Security number on it, such as a photo ID, Social Security card, W-2 or income tax form. Further proof may be required to identify you as the owner of the funds such as income tax return, bank loan papers, auto registration, or utility bill receipt which identifies you as living at the address in question.

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

Name of Joint Account Holder if applicable \_\_\_\_\_

Current Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Address of Credit Balance \_\_\_\_\_ Amount of Funds \$ \_\_\_\_\_

Account Number for Address with Credit \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Nighttime Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Social Security # or Tax ID #: \_\_\_\_\_

**THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY AND SUBMITTED WITH THE NECESSARY ATTACHMENT(S) TO PREVENT PROCESSING DELAYS.**

I certify that the information provided on this claim form is true and correct and all supporting documents as presented are original or true unaltered copies of the original documents. I also certify that I have a legal or equitable interest in the refundable deposit.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Joint account owner, if applicable)

**Verifying documentation must be attached to this form and sent to the following address:**

**City of Warren Utility Services  
PO Box 670  
Warren, OH 44482-0670**

**If your claim is approved, please allow 4 weeks to 6 weeks for processing. All refunds will be mailed to the current address provided by you.**

\*\*\*FOR OFFICE USE ONLY\*\*\* DATE RECEIVED: \_\_\_\_\_