

**TOWN OF VONORE - SEWER REFUND REQUEST**

Requirements for Refund: Bill must be paid in full at the TASS office. Copy of original bill and paid receipt must be presented.  
One (1) refund per 12-month period.

Date of Request	Date of TASS Meter Reading	TASS Due Date	Name	Service Address	Reason for Refund

Notes:

**Refund Payment Information**

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

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

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

X  
Customer Signature

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

**\*\*For Office Use Only**

6-Month Usage from TASS						6-Month Average	Average Bill	Sewer Amount PAID	Amount Above Average	REFUND AMOUNT
MONTH 1	MONTH 2	MONTH 3	MONTH 4	MONTH 5	MONTH 6					

City Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

Charge Code: 412-37210