

**Creston Water System, Inc.**  
**P.O. Box 484 Campti, LA 71411**  
**Email: crestonwater@yahoo.com**  
**Website: <https://www.crestonwater.com/>**

**Request for Meter Deposit Refund**

ACCOUNT # \_\_\_\_\_

CUSTOMER  
NAME: \_\_\_\_\_

BILLING  
ADDRESS: \_\_\_\_\_

SERVICE  
ADDRESS: \_\_\_\_\_

HOME  
PHONE:(\_\_\_\_)\_\_\_\_\_ CELL:(\_\_\_\_)\_\_\_\_\_ WORK:(\_\_\_\_)\_\_\_\_\_

DATE CONNECTED TO CWS: \_\_\_\_\_

AMOUNT OF DEPOSIT: \_\_\_\_\_

Applicant must fill out this form and return it to the above address. Please include a copy of your deposit receipt. Creston Water System Board of Directors will view this request and if approved, your refund less any balance due will be returned as soon as possible.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date