

City of Watertown Request for Return of Deposit(s)

This request form must be filled out completely or it will not be processed. In accordance with established city policy, voucher claims are paid twice a month following review by the City Council.

General Information:

Owner: _____
 Address: _____
 Telephone Number: _____
 Nature of Legal or Equitable Interest of Applicant: _____
 Address of Property Involved: _____
 Building Permit #: _____

Type of Deposit(s):

<u>Description</u>	<u>Amount</u>
_____ Street Damage Deposit	500.00
_____ Landscaping Deposit	500.00
_____ Driveway Deposit	500.00
_____ Curb Cut	250.00

Total \$ _____

By signing my name below, I hereby request that the City of Watertown release the aforementioned deposits.

Signature of Applicant

Date

*****CITY USE ONLY*****

I have reviewed the property located at the above listed address. I authorize the release of the respective deposits pending Council approval. Street Deposit _____ Landscape Deposit _____ Driveway Deposit _____ Curb Cut _____

Comments: _____

City Official

Date

Copies:
 Applicant
 Building Permit File
 Request for Return of Damage Deposit File

Deposit	Acct. Code	Amount
Street	G01-22000	
Driveway	G01-22001	
Landscape	G01-22001	