

**Town of Culpeper**  
400 South Main Street, Suite 109  
Culpeper, VA 22701  
Phone: (540) 829-8220  
Fax: (540) 829-8239

**UTILITY DEPOSIT REFUND RELEASE**

Date Requested to be Released: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

Amount of Deposit on Account: \_\_\_\_\_

Balance Due on Account: \_\_\_\_\_

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_  
Customer Service Representative

I, \_\_\_\_\_ hereby request that my name be removed from the above referenced utility account. I am releasing my rights to any deposit that was placed or any applicable refunds/overpayments that may occur on this account. I am aware that in order for me to be released from the service address above, the balance owed on the account must be ZERO and the account must be closed out. The remaining individuals on the account and the utility deposit amount will be transferred to a new account.

\_\_\_\_\_  
Print Name Signature Date

**Co-Applicants on Account:**

\_\_\_\_\_  
Print Name Signature Date

\_\_\_\_\_  
Print Name Signature Date

\_\_\_\_\_  
Print Name Signature Date

SUBSCRIBED, ACKNOWLEDGED, AND AFFIRMED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_. MY COMMISSION EXPIRES: \_\_\_\_\_

\_\_\_\_\_  
NOTARY