



FRAZIER PARK PUBLIC UTILITY DISTRICT

P.O. BOX 1525, FRAZIER PARK, CA 93225

TELEPHONE: 661-245-3734 FAX: 661-245-3472

www.frazierparkwater.com

Request for Refund / Unclaimed Funds

Full Name/Business Name _____ FPPUD Account # _____

Mailing Address _____ City _____

State _____ Zip Code _____

Phone Number _____

I (print name) _____, certify under penalty of perjury that I am the lawful payee, or money set forth in this claim. I agree to indemnify and hold harmless the Frazier Park Public Utility District, its officers, and employees for any loss resulting from the payment of this claim. I understand claim processing may take 4 - 6 weeks.

Signature

Date

****FPPUD Office Use Only****

Date Received:	Amount Approved:
GM Approval:	Date Approved:
Check #	Check Date:

***Please attach proof of Claim*