



OFFICE OF FINANCE

REQUEST FOR REFUND / ADJUSTMENT OF SEWER CAPITAL CHARGE

To be completed by requestor

Registered parcel owner(s) name(s): _____

Registered parcel owner(s) phone #: _____

Registered parcel owner(s) email: _____

Parcel number: _____

Property physical address: _____

Requestor(s) name: _____

Requestor phone #: _____

Requestor email: _____

Relationship to owner(s) (ex. Power of Attorney, Facility Manager): _____

Water Company Provider: _____

Water Company Account Number: _____

Meter Size: _____

Well Users, check here:

Please indicate whether you are requesting a refund or an adjustment and provide the reason for your request.

REFUND

ADJUSTMENT

- If you are disputing the size of the water meters for which you are being billed, please provide adequate support for your dispute, i.e., building plans and a photo and include in your request the water account number serving the meter in dispute. You should also communicate similar information to your water provider. All water meter size disputes must be accompanied by supporting documentation.
- If you are requesting a refund or adjustment of the sewer capital charge because the meter for which you were billed represents water consumption that does not discharge into the county's wastewater or stormwater system, please provide verification of same.
 - For example, if the meter is for a fire suppression sprinkler system, please provide a building plan that notes the location of the exit point for the effluent from testing along with a photo to physically identify the location of the site and indicate the water account and meter size.
 - If the meter is used exclusively for irrigation purposes, please provide a photo of such irrigation system and meter, along with the water account number and meter size.
 - If the meter is used exclusively to fill swimming pools, please provide a photo of same along with the water account number and meter size.

CERTIFICATION INFORMATION

I, _____,
(Requester's Name)

do hereby request that County Council refund sewer capital charges for the above-referenced property. Such a refund or adjustment is justly due and owing, and no part thereof has been previously refunded.

Requestor's Signature: _____

Date: _____

Under penalty of perjury, I certify that the information provided on this form is true and accurate to the best of my knowledge and abilities, and all supporting documentation presented is either original or true unaltered copies of the original documents. I understand and consent to the use of electronic documents and communication. I understand that affixing my name electronically on the signature line has the same legal effect as a handwritten signature on a paper document, pursuant to 6 Del. C. Ch. 12A.

All fields on this form are required. The form must be completed, signed, and returned to New Castle County – Treasury by email (a completed scanned copy with signature) to: treasury@newcastlede.gov or by postal mail to the address listed below. If you are unable to print and sign the document, you may also affix your digital signature and submit the document electronically to the aforementioned email address. Please note that you are also required to submit supporting documentation necessary for New Castle County (NCC) to properly process your request. Additional documentation may be requested by NCC on an as needed basis. Please note: All refund checks will be issued to the person(s) / entity from which the original payment was received.

New Castle County Government Center
Office of Finance – Treasury
87 Reads Way
New Castle, DE 19720

INTERNAL USE ONLY:

Associated Sewer Event(s): _____

Reason for Refund: _____

Refund Processed:

EDU Count / Value modified:
