City of Pittsburg
Finance Department

Request for Refund or Transfer of An Account Balance (s)

Customer Name: _____

Account Number: _____

Service Location: _____

Contact Number: _____

Email Address: _____

Driver's License # : _____

Request : _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature : _____

Date : _____