Palau Public Utilities Corporation

 Water and Wastewater Operations / Electrical Operations

 P0 Box 1372
 Koror, Palau 96940

 Tel: 680-488-3870/3872/3877
 Fax: 680-488-4499/3878

Web: www.ppuc.com

REQUEST FOR ACCOUNT OVERPAYMENT

APPLICANT INFORMATION				Date:		
Applicant Name:			Applicant SS No. :		Applicant Phone #:	
Account Name:			<u>.</u>	Request Refund	d for:	
Account Address:		Acco	ount No.:	Power	Water and Wastewater	
Amount of Refund Requested:	\$		Applicant Signature:		Relationship to the Account Holder:	
Applicant Comments if necessary:						
	F	or PP	PUC - Business Office			
Confirmed Account Name:				Confirmed Acco	ount No. :	
Amount to Refund:	GL Account No.		Requested by:		Date:	
Comments if Necessary:	I		Approved by BOM:		Date:	
Special Instruction to A & F			1		orting Documents: tory and Statement showing Overpyament	