

Central Kansas Water Bank Association

REQUEST FOR REFUND

| |
|----------------------------|
| For Office Use Only |
| Form # _____ |
| TR # _____ |
| Date Recd _____ |
| Time Recd _____ |
| Initials _____ |

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

I, hereby request a refund of the following funds from the Central Kansas Water Bank Association.

Amount Requested: _____ Reason for Fee: _____

Reason for Refund: _____

I certify that all conditions have been met to justify a refund from the Central Kansas Water Bank Association.

Signature of Water Right Owner: _____ Date: _____

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|---|
| For Office Use Only |
| Date request received: _____ |
| Are funds eligible for refund? Yes No |
| Date funds sent: _____ |
| Reviewed by (Bank Representative) _____ |