



# BEAR VALLEY COMMUNITY SERVICES DISTRICT

28999 South Lower Valley Road • Tehachapi, CA 93561-7460  
PHONE 661-821-4428 • FAX 661-821-0180

## REQUEST FOR REFUND AUTOMATED GATE ENTRY DEVICE

Date: \_\_\_\_\_

Tract/Lot: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Requestor:  
(Must be current resident  
or property owner)

\_\_\_\_\_  
(Must match name on "Application & Receipt for Automated Gate Entry Device" Form)

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

- 
1. I acknowledge that my refund request for automated entry device(s) is subject to verification of receipt of a refundable deposit.
  2. Most automated entry devices acquired in or after 2005 were a non-refundable purchase.
  3. I have returned the device(s) in working order. Devices previously deactivated are not eligible for a refund.
  4. Refund request must be received by September 1, 2019. Refunds will be issued by check within 30 days from the deadline date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Office Use Only

Device #: \_\_\_\_\_

Device #: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

Deposit Received: \_\_\_\_\_

Deposit Received: \_\_\_\_\_

Amount Refunded: \_\_\_\_\_

Check#: \_\_\_\_\_

Refund Date: \_\_\_\_\_