

Franchise Fee Rebate Program

City of Merriam, Kansas

Fee Refund Claim for Charges Paid During **2023**

Please enter the Number of Persons in Household: _____

Payments made by: _____

Full Name

Address

Zip Code

Phone

List of Utility Fees during Claim Period

| | JAN | FEB | MAR | APR | MAY | JUNE | JULY | AUG | SEPT | OCT | NOV | DEC | Total Refund |
|--------------|-----|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|--------------|
| Electric | | | | | | | | | | | | | |
| Gas | | | | | | | | | | | | | |
| Telephone | | | | | | | | | | | | | |
| Total Refund | | | | | | | | | | | | | |

Income Sources during Claim Period

Amount of Income Received

\$ _____
\$ _____
\$ _____
\$ _____

TOTAL GROSS INCOME

\$ _____

Signature of Applicant/Date

City Representative/Date

Amount Claimed _____ Approved _____ Disapproved _____