

CIAC Refund Request

Member (Claimant) Name:		
Mailing Address:		
Account Number:		
Work Order Number (if availabl	e):	
Service Address of Extension (if	f available):	
Phone - Day:	Evening:	
E-mail Address:		
In order to be eligible for a CIA	C refund, all the following requirements must be met:	
 \$10,000 or greater. Imp meter loop, deposits, per The construction of the orand the line is now also the for the other member. 	perhead residential service in which the CIAC amount was cortant Note: (this amount does not include the purchase of a rmits, Houston Toad fee or the activation fee). Everhead line above was completed within the last three (3) years being utilized to serve another member. Seing completed within ninety (90) days of construction of the line on which the extension I am requesting refund is located.	
I have read and verified the elig CIAC Refund.	ibility requirements for a Bluebonnet Electric Cooperative 30%	
Signature:		
Date:		
Return completed and signed CIA	AC Refund Request form to:	

Attention: New Service Coordinator P.O. Box 729 Bastrop, TX 78602

Bluebonnet Electric Cooperative

You will be notified by phone of the results of the review of this CIAC refund request. Please allow 3 to 4 weeks processing time.

For Bluebonnet use only:	Notes:
Received By:	<u>.</u>
Date Received:	_
Amount Refunded:	_
GL Account Number:	_
Approved By:	_
Approval Date:	_