



CIAC Refund Request

Member (Claimant) Name: _____

Mailing Address: _____

Business Partner Number: _____

Work Order Number (if available): _____

Service Address of Extension (if available): _____

Phone - Day: _____ Evening: _____

E-mail Address: _____

*I meet the eligibility requirements for a Bluebonnet Electric Cooperative CIAC Refund.
Please review and process my request for refund.*

Signature: _____

Date: _____

Return completed and signed CIAC Refund Request form to:

Bluebonnet Electric Cooperative

Attention: Line Design

P.O. Box 729

Bastrop, TX 78602

You will be notified by phone of the receipt and outcome of this CIAC refund request.

Please allow 3 - 4 weeks processing time.

For Bluebonnet use only:

Notes:

Received By: _____

Date Received: _____

Amount Refunded: _____

GL Account Number: _____

Approved By: _____

Approval Date: _____