

Franchise Fee Rebate Program

City of Merriam, Kansas

Fee Refund Claim for Charges Paid During **2024**

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 _____