



MARION COUNTY COMMISSION APPLICATION FOR REFUND

Date: 3/18/2026 Name of Applicant: SALT SPRINGS RESORT CONDM INC

Make Check Payable to: SALT SPRINGS RESORT CONDM INC Telephone Number: 352-812-8086

Address: C/O VINE MANAGEMENT
3300 SW 34TH AVE #112 City: OCALA State: FL Zip: 34474

Select Type: Receipt # 013339-135002 Total Amount Refunded: \$46947.49 *JMH*

Originating Department: Utilities GL Acct & Project Code: ZF440536-549112 *JMH*

REASON FOR REQUEST:

CUSTOMER OVERCHARGED DUE TO METER DIALS ON COMPOUND METER NOT BEING CORRECT ON THE BILLING SIDE. ORIGINALLY THOUGHT THE COMPLEX HAD A LEAK BUT ISSUE FOUND DURING OUR ANNUAL AUDIT PROCESS.

SUPPORTING DOCUMENTS ATTACHED (List)

- Permit/Case No: _____
- Refund Demand Letter: _____
- Negative Balance Report: _____
- Other (Specify): BILLS & REPORTS
- EOB From Insurance Co: _____
- Other (Specify): _____

Division/Department Signature: _____ Date: _____

Administration Approval: _____ Date: _____
(GREATER THAN OR EQUAL TO \$1,000)

BOARD OF COUNTY COMMISSION APPROVAL (GREATER THAN \$10,000)

Signature: _____ Date: _____
Chairman

Attest: _____ Date: _____
Clerk