



Account # _____

Secondary Mailing Information

Utility accounts are in the name of the property owner.

Secondary mailing is for information purposes only and will expire 12 months after the date on this form below. A copy of the utility bill will be sent to the address listed on this form. This information does not eliminate owner responsibility for **any** charges, fees, outstanding balances accumulated or back billed on the account.

Name: _____

Mailing Address: _____

Street Address/Unit Number

City/State, Providence, Country/Zip or Other Postal Code

Telephone: Primary: _____ Secondary: _____

Circle one: Work/Home/Cell

Work/Home/Cell

Email Address: _____

E-bill Option elect: Yes No

(You will **NOT** receive a copy of the bill in the mail if you elect **YES** to the e-bill option.)

The email address listed above will be used in order to send your e-bill unless otherwise listed here: _____

Please initial each item below:

___ I authorize the secondary mailing named above to make payment arrangements on balances that are past due in accordance to the city ordinance. I understand that all outstanding balances are the responsibility of the property owner.

___ I understand that this information will expire 12 months from the date below and it is the responsibility of the property owner to update this information on an annual basis.

Property Owner Authorization (copy of ID required)

Print Name: _____

Signature: _____ Date: _____