

UTILITY BILLING ELECTRONIC BILL REQUEST



Account Number: _____ Account Name: _____
Please Print Please Print

Account Address: _____ Email Address: _____
Please Print Please Print

Phone Number: _____

I authorize the City of Mt. Pleasant Utility Billing department to e-mail my utility bill to the e-mail address listed above. I understand that I will no longer receive a paper copy of the bill in the U.S. mail. I further agree that failure to receive a bill does not relieve my responsibility to pay the bill by the due date to avoid penalty on my account. I further agree that I will promptly update the City of Mt. Pleasant Utility Billing department of any changes in my e-mail address or my desire to change to a paper bill. I also understand that my utility bill could be viewed by others with access to a computer I use to receive e-mail or by others who have access to my e-mail account.

The City of Mt. Pleasant will e-mail the Utility Bill by the 1st day of each month.

Signature

Date

_____, Notary Public
Isabella County, Michigan
Acting in Isabella County, Michigan
My Commission Expires _____

Please return form to:
City of Mt. Pleasant Utility
Billing 320 W. Broadway St.
Mt. Pleasant, MI 48858