

*** OPTIONAL ***

E-MAIL UTILITY BILL AUTHORIZATION

AUTHORIZATION AGREEMENT FOR E-MAILING UTILITY BILL

COMPANY NAME: TOWN OF BOW ISLAND

I, _____, hereby authorize
PLEASE PRINT YOUR NAME

the Town of Bow Island to e-mail me my monthly utility bill to the following e-mail address instead of receiving a paper copy.

E-MAIL ADDRESS: _____
PLEASE PRINT

PLEASE READ AND ACKNOWLEDGE THE FOLLOWING THREE STATEMENTS:

INITIAL I will notify the Town of Bow Island with a new e-mail, if I ever change the current one that the Town of Bow Island has on file for me.

INITIAL I will open and read any and all e-mails that the Town of Bow Island sends to me that are marked "Town of Bow Island Memo – PLEASE READ".

INITIAL I am solely responsible for the privacy of my email account and maintaining the confidentiality of my password and email account.

SIGNATURE _____ DATE _____

I DECLINE AT THIS TIME, THANK YOU

This form may be: scanned and emailed to monique@bowisland.com ; faxed to 403-545-6642; mailed; or dropped off at the Town Office.

Questions? Contact the Town of Bow Island Office at 403-545-2522