

The City of *Atkins*

CITY OF ATKINS
480 3RD AVE, STE 2
ATKINS, IA 52206
319-446-7870

REQUEST TO HAVE UTILITY BILL E-MAILED

Instructions: Complete this form and return it to the City of Atkins. It can be dropped off or mailed to the address listed above, or emailed to billing@cityofatkins.org.

Resident Name: _____

Service Address: _____

Home or Cell Phone: _____ Email: _____

By signing this form, I agree to receive my City of Atkins monthly issued utility bill by email. I understand that if I receive my utility bill by email, I will not receive a paper bill by mail. I further understand that I am responsible for informing the City of Atkins should my email address change or if I wish to discontinue receiving my utility bill by email.

Signature

Date

FOR OFFICE USE ONLY:

Form Received By: _____

Date Received: _____

Account Updated By: _____

Date: _____