



DISTRICT OF LANTZVILLE

AGREEMENT FOR PAPERLESS UTILITY BILLING

PLEASE COMPLETE THIS INFORMATION SECTION REGARDING YOUR UTILITY ACCOUNT:

Form with fields for Service Location Address, Last Name, First Name, Customer Account Number, Mailing Address, City/Province, Postal Code, Phone, and Email Address.

PAPERLESS UTILITY BILL TERMS AND CONDITIONS:

- List of terms and conditions including acknowledgment of responsibility, email address change procedures, termination notice, billing notice delivery, and confirmation message.

I/We warrant and guarantee that all persons whose signatures are required to authorize paperless utility billing from the above noted utility account have signed the authorization below; and

I/We have read and acknowledge the Terms and Conditions regarding Paperless Utility Billing Program noted above.

Signature: _____ Signature: _____

Date: _____ Date: _____

Personal information collected on this form, or provided with this form, is collected, and protected in accordance with the Freedom of Information and Privacy Act and will be used for the purposes of Financial Services program administration.