



17 Buchanan Ave, P.O. Box 779 Eagle Point, OR 97524  
(541)826-4212 Fax:(541)826-6155

INITIALS _____
DATE: _____
OFFICE USE ONLY

## City of Eagle Point

### Email Statement Authorization Agreement

I (we) hereby authorize the CITY OF EAGLE POINT, hereinafter called COMPANY, to send my monthly billing statements as indicated below by email to my preference of destination on a monthly basis.

I (we) acknowledge that in receiving my monthly utility bills by email, it will be my responsibility to respond with payments due by the mandatory due date.

I would like my monthly billing statement sent by:  E-mail only\*  
 E-mail & Regular Mail both

\*If you choose E-mail only you have the option to also receive the monthly news letter

Yes, I would like to receive the news letter.  No, I do not want to receive the news letter.

Email Address \_\_\_\_\_

Email account name \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as afford COMPANY and EMAIL DOMAIN a reasonable opportunity to act upon it.

Name(s) \_\_\_\_\_

Utility Account # \_\_\_\_\_ Phone # \_\_\_\_\_

Service Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_