

OSCEOLA WATER WORKS
REQUEST FOR BILL TO BE EMAILED

DATE: _____

ACCOUNT #: _____

_____ COMMERCIAL _____ RESIDENTIAL _____ HOMEOWNER _____ RENTER

IF RENTING:

LANDLORD OR OWNER NAME: _____

BILLING INFORMATION UPDATE:

NAME OF ACCOUNT HOLDER: _____

SERVICE ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

TELEPHONE #: _____

SOCIAL SECURITY # OR FEDERAL TAX ID #: _____

EMAIL ADDRESS: _____

The undersigned hereby authorizes Osceola Water Works to make the requested changes.

SIGNATURE: _____

DATE: _____