



**PAPERLESS BILLING AUTHORIZATION**  
**(Receive Water/Sewer Bill by E-Mail)**

**Printed Name:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

I understand that it is my responsibility to:

- Notify the billing office of any changes to my e-mail address.
- Notify the billing office if I am not receiving my water/sewer bill to avoid any late fees that may be charged to my account for non-payment.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*Please return completed form to City Hall or by e-mail to [clerk@ithacami.com](mailto:clerk@ithacami.com)*