



**CITY OF LE MARS
EMAIL AUTHORIZATION AGREEMENT**

NAME(S) (please print) _____

UTILITY ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER (_____) _____

UTILITY ACCOUNT NUMBER _____ (see Water Bill for acct number)

I hereby authorize City of Le Mars to send my utility bill electronically. I understand that I must contact City of Le Mars with any email address changes. City of Le Mars will have 30 days to change my address.

Email address _____

Signature _____ Date _____