

Village of Glandorf

*PO Box 91
Glandorf, OH 45848
419-538-6953*

CONSUMER E-MAIL BILL AUTHORIZATION AGREEMENT

NAME: _____

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

Utility Billing, please send to my e-mail address:

E-Mailing Address: _____

**I authorize the Village of Glandorf Water Department to have my utility bill.
e-mailed to the listed above address.**

**I understand that if I decide to stop this e-mail service, or change my e-mail address
I will notify the Village of Glandorf Water Department in writing at the following
address:**

**Village of Glandorf
Water Department
P.O. Box 91
Glandorf, OH 45848
Or
utilities@villageofglandorf.com**

Signature: _____ **Date:** _____