

**E-MAIL AUTHORIZATION FORM**

I, \_\_\_\_\_ AUTHORIZE THE CITY OF MURPHYSBORO WATER DEPARTMENT TO E-MAIL MY WATER AND SEWER UTILITY BILL TO MY E-MAIL ADDRESS EFFECTIVE THIS DATE \_\_\_\_\_.

I UNDERSTAND THE CITY OF MURPHYSBORO IS NOT RESPONSIBLE FOR ANY NETWORK PROBLEMS I MAY ENCOUNTER WITH MY E-MAIL ADDRESS OR IF I DO NOT NOTIFY THE CITY OF MURPHYSBORO WATER AND SEWER DEPARTMENT OF ANY CHANGES TO MY E-MAIL ACCOUNT.

I UNDERSTAND I SHOULD RECEIVE E-MAIL WATER AND SEWER BILLS DURING THE MONTHS OF JANUARY, MARCH, MAY, JULY, SEPTEMBER AND NOVEMBER OF EACH YEAR UNLESS OTHERWISE NOTIFIED BY THE CITY OF MURPHYSBORO. I FURTHER UNDERSTAND THIS WILL BE THE ONLY NOTICE I RECEIVE FROM THE CITY OF MURPHYSBORO AND MUST PAY BILL BY DUE DATE OR MY WATER METER WILL BE SHUT OFF AND A \$50.00 SERVICE FEE WILL BE PUT ON MY ACCOUNT. SERVICE WILL NOT BE RESTORED UNTIL MY ACCOUNT BALANCE IS PAID IN FULL

E-MAIL ADDRESS \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

WATER & SEWER ACCT NAME \_\_\_\_\_

WATER AND SEWER ACCT NUMBER \_\_\_\_\_

THIS AUTHORIZATION WILL BE IN EFFECT UNTIL I REQUEST CANCELLATION BY E-MAIL OR LETTER.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE