

CITY OF MINNEOLA UTILITY DEPARTMENT

EMAIL BILL CONSENT FORM

PLEASE PRINT

Utility Account Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

I fully understand that it is my (utility account holder) responsibility to notify the City of Minneola Utility Billing Department in writing of any changes to my email address.

I fully understand that it is my (utility account holder) responsibility to contact the City of Minneola Utility Billing Department if I have not received my paperless bill by the bill date.

I fully understand that the utility bill can only be emailed to one address.

This agreement is to remain in effect until the **City of Minneola's Utility Billing Department** has received written notification of termination of agreement thirty (30) days in advance of the bill date.

I have fully read, understand, and agree to the terms listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**F.S. 119.011 AND 119.07** Which states "Emails sent to the City of Minneola are subject to public-records request".