

**City of Momence  
105 W Washington St.  
Momence, IL 60954**

**Cancellation of Paperless Billing**

\_\_\_\_\_  
Account Name

\_\_\_\_\_  
Water/Sewer Account Number

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

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

I request the City of Momence, Water & Sewer Department to discontinue email delivery of my monthly bill, and return to mailed paper bill delivery. Failure to receive the bill does not waive penalties or fees and the account will still be subject to disconnection due to non-payment. You may mail or drop off this form to City Hall at above address, or you may email it with your digital signature to [waterbill@cityofmomence.com](mailto:waterbill@cityofmomence.com).

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