

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

Paperless Billing Authorization

Account Name

Account Number

Service Address

Email Address

Email billing of water bills will commence as soon as the program is implemented by the City.

I authorize the City of Mومence, Water & Sewer Department to email my monthly bill. The email will be sent from waterbill@cityofmومence.com. I agree that it is my responsibility to review the monthly bill for accuracy and notify the City of any concerns or questions. I further agree to notify the City of any changes to my mailing address, email address or contact information. Failure to notify the City timely of any changes or failure to receive the bill does not waive penalties or fees and the account will still be subject for disconnection due to non-payment.

Signature _____ Date _____

**You may either fill out and sign this form and then mail to or drop off at:
City Hall - 105 W Washington Street, Mومence IL 60954,
or if you elect to email the completed form, your digital signature is required.**