

AUTHORIZATION TO EMAIL WATER/SEWER BILLS

I hereby authorize the City of Gretna to initiate billing to my account listed below. I understand that by initiating this action, I will no longer receive a bill through the United States Post Office.

Further, I agree not to hold the City of Gretna responsible for any delay in receiving my bills due to incorrect or incomplete information supplied by me.

This agreement will remain in effect until the City of Gretna receives a written notice of cancellation from me.

Water billing occurs on the 15th of each month. I understand that my payment is due on the 1st of the following month.



PRINTED NAME _____

WATER ACCOUNT # _____

AUTHORIZED EMAIL ACCOUNT _____

AUTHORIZED SIGNATURE _____ DATE _____