



Electronic Billing Enrollment Form

Name _____

Address _____

Phone _____ Alt Phone _____

Account _____
(City Provided)

Email _____

I acknowledge that upon the signing of this document, I am giving the City of Chanute, permission to send my utility bill to me via email. I also understand that upon signing, I will no longer expect my bill via post marked mail.

Reminders:

- Applicant is responsible for keeping E-Mail address current with the City of Chanute.

Signature _____ Date / /