



E- BILL REGISTRATION APPLICATION

This form is used to apply for registration on e-bill. **There is no set-up or monthly charge for this service.**

First Name _____ Last Name _____

Company's Name _____

Valid Photo ID Type and No. _____ Expiration Date _____
Circle ID Presented (Passport / Driver's License)

Account Number(s) _____

Email Address/es: _____

(Separate multiple email addresses with a comma)

Signature of Account Holder _____

Date: _____

For Department of Water Services Internal Use Only

Accepted By: _____

Date: _____

Print Name: _____

Processed By: _____

Date: _____

Print Name: _____

Work Order # _____