VILLAGE OF NEWARK VALLEY

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AUTHORIZATION FOR PAPERLESS BILLING OF WATER/SW/RECYCLABLES

Name:			
Phone:	Owner:	Tenant:	(check one)
Mailing Address:			
Service Property Address(es):			
E-MAIL:	rint clearly)		
•	ant clearly)		
Authorizing Signature:			
By providing my current valid email address and signing above I understand that if my email address changes due to any circumstandate my information. If at any time I decide I would like to reperson. I also understand that I will still be responsible for any late due date.	ances it is solely my respons eturn to paper billing, I unde	sibility to contact the erstand that I must i	e Village office and make this request in
		Office Use	
		t(s):	