

**OSCEOLA WATER WORKS  
REQUEST FOR BILL TO BE EMAILED**

DATE: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

\_\_\_\_\_ COMMERCIAL \_\_\_\_\_ RESIDENTIAL \_\_\_\_\_ HOMEOWNER \_\_\_\_\_ RENTER

IF RENTING:

LANDLORD OR OWNER NAME: \_\_\_\_\_

BILLING INFORMATION UPDATE:

NAME OF ACCOUNT HOLDER: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

SOCIAL SECURITY # OR FEDERAL TAX ID #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

The undersigned hereby authorizes Osceola Water Works to make the requested changes.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_