

Mitchell Public Water District

745 E Chain of Rocks Rd.

P.O. Box 8125

Granite City, IL 62040

618-931-0164

AUTHORIZATION FOR ELECTRONIC BILLING

Account Number: _____

Customer Name: _____

Service Address: _____

Phone Number: _____

I authorize Mitchell Public Water District to send me my monthly water bill and past due/shut off notice via email. I understand that I will not receive a paper bill or past due/shut off notice in the mail via United States Postal Service with this option. Below is the email I wish the bill/notice to be sent.

Email: _____

Signature

Date

FOR OFFICE USE ONLY

Processed date: _____

Account information updated _____