



## Request to Receive Water Utility Bill Electronically (E-Mail)

Utility Acct # (If known):                      000 -                      -

Property Address:

Customer Name:

Contact Phone #:

E-Mail Address:

Effective Date:

Signature or Printed Name:

Once Completed, please return this form to the office at: 7275 Sideroad 16, PO Box 160, Drayton ON N0G1P0

OR email [gvanderlaan@mapleton.ca](mailto:gvanderlaan@mapleton.ca), If you require assistance filling out this form, please call 519-638-3313