



# CITY OF NEW BALTIMORE EMAIL BILL AUTHORIZATION FORM

Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Water Account Number: \_\_\_\_\_

Sprinkler Account Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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