**GAZER MOONEY ANNUAL LIFECYCLE CHARGE**

**PAPERLESS E-BILLING ENROLLMENT FORM**

Guelph/Eramosa Township offers residents the option to receive water bills by email instead of regular mail to streamline water utility bill processing. Paperless e-billing will save time and allow for easy electronic filing and access from anywhere with email. E-billing is optional – not all residents may want to participate in this service.

*Canada Post will continue to deliver statements and letters through regular mail, as the paperless e-billing service is only offered for water utility bills.*

**How to enroll:**

* Complete and sign the enrollment form and submit it to the Township of Guelph/Eramosa by email at twpguelpheramosawater@get.on.ca or by mail to the address noted on the letterhead above.

Name(s) on the account:

Account number:

Property Location:

Contact No. (s): Residential: ( ) Cell: ( )

Email Address:

**\*\* Authorization to setup e-Billing:** I/WE, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ owner(s) of the above property authorize the Township of Guelph/Eramosa to transmit all future tax bills to the email address provided. I/WE understand that I/WE will no longer receive a copy of the tax bill in the mail. To update or cancel our participation in the e-Billing Program, I/We must notify the Township of Guelph/Eramosa by e-mail at taxes@get.on.ca

Notice of Collection: The collection of this information is being done under the authority of the Municipal Act, 2001, S.O. 2001 c.25. Pursuant to Sections 317(1) and 317(3). Should you have any questions about the collection or retention of this information, please contact the Township Clerk at 1 (519) 856-9596 Ext. 107.

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*Personal information on this form is collected pursuant to Section 31 of the Municipal Freedom of Information and Protection of Privacy Act and will only be used for the purposes of administering this form in a consistent manner. Questions about this collection should be directed to the Clerk’s Office at* *clerks@get.on.ca*

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Authorized Signature (1) Date

Authorized Signature (2) Date