

City of Fairbank
116 East Main Street • P.O. Box 447 Fairbank, Iowa 50629 319-635-2869 • Fax 319-635-2340

## **City of Fairbank E-Billing Application**

## **Customer Information**

Name:	
Address:	
Phone Number:	Account Number:
Email address:	
I would like to opt into emailed paperless billing.	
Yes	
No	gogleen
Please return completed form to City Hall in person	n, mail or put in drop box north side of City Hall.
paper document will be sent to you. By selecting the	cted to receive an electronic communication and no he email bill option, the customer is required to pay f any technical difficulties that may occur. Should the ice will be sent to the customer.
Signature:	Date: