



CITY OF APOPKA

E-BILL AUTHORIZATION

Date: _____

Account Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Account Number: _____

Email Address: _____

By submitting this form, I hereby agree to no longer receive a monthly bill statement via the US Postal Service. I will receive a notification by e-mail that a new bill has been created and is available for viewing. If my e-mail address changes, it will be my responsibility to notify the City of Apopka Utility Billing Division of the change so I can continue to receive notifications. This will remain in effect until I notify the City of Apopka Utility Billing Division to discontinue. All other policies, collections, penalties or fees of the City of Apopka will remain the same as if a paper bill had been mailed. E-mail addresses are public records under Florida law and are not exempt from public-records requirements.

:October 15, 2010

UTILITY BILLING DIVISION

150 E. 5th Street Apopka, FL 32703

Telephone: 407-703-1727

Fax: 407-703-1630

Website: www.apopka.net