



E-statement Enrollment Form

PO Box 128 | Longview, WA 98632 | (360) 442-5099

Name

Account number

Email address

As the registered occupant of the account, I hereby request that no statements be mailed via postal mail and only be sent by email.

I agree to receive my monthly or bi-monthly statements via email.

I understand that if I receive my statements via email, I will not receive a paper-based statement.

I understand that if I change my email address, I shall notify the City of Longview in writing or in person of the new email address.

If I fail to notify the City of my new email address, I understand that I may not receive my e-statements.

Signature (print, sign, and return to address above)

Date