

Atlantic City Municipal Utilities Authority



DIRECTORS

MILTON L SMITH, *CHAIRMAN*
GARY L HILL, *VICE CHAIRMAN/SEC.*
JOHN J. McGETTIGAN, *TREASURER*
EDMUND J. COLANZI
WILLIAM LEA

G. BRUCE WARD, *Executive Director*
CLAUDE SMITH, *Deputy Exe. Director*

DATE: _____

SUBJECT: E-BILL

RE: PROPERTY ADDRESS: _____

WATER ACCOUNT NO.: _____
OR GROUP ID

DEAR CUSTOMER:

To sign up for E-Bill and receive your water bills via email, please update the following information and send to our office address 401 N Virginia Ave, PO BOX 117, Atlantic City, NJ 08404-0117. This form can be faxed to 609-348-5802.

OWNER'S ADDRESS

BILLING ADDRESS

Check the box if same as owner's address

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

CITY _____ CITY _____

STATE & ZIP _____ STATE & ZIP _____

TELEPHONE _____ TELEPHONE _____

CHECK THE BOX

E-BILL YES NO

E-MAIL ADDRESS _____

NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

Thank you for your help in updating our records.