



# Atlantic City Municipal Utilities Authority

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 OR emailed at athapa@acmua.org.**

**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.