



CITY OF COLSTRIP EMAIL BILL REQUEST

CUSTOMER NAME _____

SERVICE ADDRESS _____

EMAIL ADDRESS _____

I would like my bill emailed to me (email only) _____ Yes _____ No

I would like my bill emailed to me and a hard copy mailed to me _____ Yes _____ No

Customer Signature

Date

Please Save as PDF. Then email this form to:
cityclerk@cityofcolstrip.com

City Use Only

Account # _____

Date Form Received _____

Processed By _____

Date _____