	Customer Name:
	Service Address:
٦	Гelephone Number:
	Email Address:
Please rea	ad and acknowledge this important information regarding your statement delivery method:
•	& Conditions: By completing this enrollment form, you are choosing to receive your City of Clare Utility Billing Statement electronically and will not be receiving a printed statement via US Mail.
	You have the right to withdraw you consent at any time by contacting the Utility Billing Department at 989.386.7541 extension 201, and resume your paper delivery.
	Once enrolled in the electronic e-bill program, you are responsible for ensuring receipt of the email. The City of Clare will email your statement to the email address you provide, and if you fail to receive it, you are still responsible for all the charges on the account by the due date. If payment is received after the due date, penalties will apply.
	Failure to receive your e-bill does not waive late fees/penalties. You can also view your City of Clare Utility Bill online at the City's website at www.cityofclare.gov .
	In order to ensure that we are able to provide you with accurate billing information, you must update us with any change in your email address. The City of Clare cannot ensure electronic delivery of your utility bill.
	All electronic bill statements can be printed and saved electronically to your computer for your records.
	If you use spam filters for emails, please add the City of Clare Utility System to your approved senders list: utility-do-not-reply@cityofclare.gov .
	ad and understand the Terms & Conditions of electronic e-bills from the City of Clare, and by elow, I authorize the City of Clare to send utility bills for this account to my email address.
Signatur	re: Date:

Return completed form to:

City of Clare

Clare, MI 48617

Utility Billing Department 202 W. Fifth St.

Rev. 02/2023