



PAPERLESS BILLING FOR REFUSE COLLECTION SERVICE ENROLLMENT FORM

Please complete and return this form to the Village of Plain City at 800 Village Blvd. Plain City, OH 43064 or email to village@plain-city.com. The following information may be used by the Village of Plain City for the purpose of income tax administration.

Account Number: _____

Last Name: _____

First Name: _____

Phone: _____

Email: _____

Service Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

I want to enroll in paperless billing to receive my bill electronically.

PLEASE NOTE: By selecting the electronic paperless billing delivery method, you are responsible for the payment of charges each month. The bill must be paid, even if the following occurs: the electronic delivery was not received, the email address associated with the electronic delivery was changed, and/or circumstances beyond the Village's control prevent the proper transmission of the electronic paperless bill delivery.

Signature

Date

STAFF USE ONLY

Verified by: _____ Date: _____ Account Number: _____