

City of Henderson Paperless Billing Request

Account Number (as it appears on your bill) _____ Date _____

Name (as it appears on your bill) _____ Phone Number _____

Location address (as it appears on your bill) _____

I hereby authorize the City of Henderson to send my bill through my email address. I understand I will no longer receive a standard paper bill via the US Postal Service until this email option has been voided. Prompt notification of changes of my email address to the City of Henderson will be my responsibility.

Email

Address

Print or Type

Signature _____

For Customer Service Use

Data Entered By

Date _____

Bring this application to the City Building, or mail it to:

CITY OF HENDERSON TREASURY DIVISION, P.O. BOX 716, HENDERSON, KY. 42419-0716

Form 06-06-16