

# CUSTOMER eBILLING REQUEST FORM

## Mill Bay Waterworks District

Ph: 250-743-9023 Fax 250-743-9023

[mbwd@shaw.ca](mailto:mbwd@shaw.ca)

Date: \_\_\_\_\_

### OWNER NAME (S):

1) \_\_\_\_\_

2) \_\_\_\_\_

Account # \_\_\_\_\_

### PHYSICAL ADDRESS OF PROPERTY:

\_\_\_\_\_  
Unit #, Street

\_\_\_\_\_  
City, Province, Postal Code

### CONTACT INFO:

\_\_\_\_\_  
Home Phone#

\_\_\_\_\_  
Cell#

\_\_\_\_\_  
Email address for eBilling

I/WE acknowledge that it is my/our sole responsibility to notify the Mill BAY WATERWORKS DISTRICT of any changes to my/our email account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**\*We value and respect your privacy. Your email address will not be shared with a third party, nor will it be sold, or used for purposes other than MBWD correspondence.**