## Winfield Municipal Utilities - Paperless Billing Enrollment

Date of Application:		_		
First Name:		Last Name:		
Service Address:				
Primary Phone Numbe	r:	Secondary	Number:	
Email address: (PRINT)				
	•	•	/infield Municipal Utilities. By c receive a paper statement by r	
I have the right to with 319-257-6661 or email			ontacting Winfield Municipal U	tilities at
•	am filters to allow th	is email to get through.	Be sure to add this to your addr The City of Winfield Municipal	
For any questions or is	sues, contact the Wir	nfield Municipal Utilities	319-257-6661.	
that even if I do no late penalties that charges and pena	ot receive the em may occur. Failu Ities.	ail notification that	my enrollment. I also ut I am responsible for padoes NOT waive responsion.	yment and
Applicant Signature			Date	
Office Use Only:				
Date Rec'd	_ Account #	Approved By:		
Cancel Enrollment:				
Date of cancel request:	Notes:		Approved By:	