



CITY OF DAHLONEGA
465 Riley Road
Dahlonega, Georgia 30533
Phone: 706-864-6133 • Fax: 706-864-4837

PAPERLESS BILLING ENROLLMENT FORM

Please complete and return this form for enrollment in Paperless Billing. Paperless Billing is a service that allows you to receive your invoice via email rather than in a printed, paper format. **If you wish to continue receiving your paper bill delivered in the mail, do not complete this form.** This is an optional service offered for your convenience and is completely voluntary.

If you have multiple properties, you may complete one form and attach a listing of each property that includes service addresses and account numbers.

FULL NAME: _____

SERVICE ADDRESS: _____

ACCOUNT NUMBER: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

Please enroll me in the Paperless Billing Program. I understand that my enrollment is strictly voluntary and will remain in effect until I cancel my participation in writing.

I understand and agree that:

1. I will no longer receive a paper bill delivered to my home.
2. I will receive my monthly bill by e-mail to the e-mail address that I provide. It will be sent on the same day that paper bills are mailed at the US Post Office.
3. All related City of Dahlonega policies regarding my due date, late fees and service termination remain in force and are applicable to all customers, regardless of the type of bill received. Failure to receive a paperless bill does not wave past due penalties.
4. I will notify the City of Dahlonega if my e-mail address changes or I wish to discontinue paperless billing.
5. I will notify the City of Dahlonega if I have not received my e-mail bill by the 1st of the month.

Signature: _____ Date: _____

Return the completed form to the City of Dahlonega at the address or fax number above. You can email the form to customerservice@dahlonega.gov