



MUNICIPAL DISTRICT OF GREENVIEW No. 16

accounts.receivable@mdgreenview.ab.ca

CONSENT TO RECEIVE INVOICES VIA EMAIL FOR MD OF GREENVIEW UTILITY BILLINGS, PROPERTY ASSESSMENTS/TAX NOTICES & ACCOUNTS RECEIVABLE

Last Name		First Name(s)		Date	
Business Name (if applicable)					
Mailing Address			Town/City	Prov.	Postal Code
Telephone Number (home)	Telephone Number (work/cell)	Fax Number	Email Address		

CONSENT TO RECEIVE UTILITY BILLING BY EMAIL

Initial	I/We authorize the MD of Greenview to provide monthly utility bills for my/our MD of Greenview Utility Account by email to (please check one):		Customer Account No.
Initial	the above mentioned email address; or		
	this email address _____		
I/We understand that this is the only format to which I/we will receive the bills and agree to make payments on a monthly basis.			

CONSENT TO RECEIVE PROPERTY ASSESSMENT AND TAX NOTICES BY EMAIL

Initial	I/We authorize the MD of Greenview to provide the annual property assessment and tax notice and any other tax-related notices for my/our MD of Greenview Property Tax Account by email to (Please check one):		Customer Account No.
Initial	the above mentioned email address; or		
	this email address _____		
I/We understand that this is the only format to which I/we will receive these notices and agree to pay the taxes owing.			

CONSENT TO RECEIVE ACCOUNTS RECEIVABLE INVOICES BY EMAIL

Initial	I/We authorize the MD of Greenview to begin providing monthly accounts receivable invoices from MD of Greenview by email to (please check one):		Customer Account No.
Initial	the above mentioned email address; or		
	this email address _____		
I/We understand that this is the only format to which I/we will receive invoices and agree to make payments upon receipt.			

LEGAL DISCLAIMER FOR CONSENT TO PROVIDE UTILITY BILLINGS, TAX NOTIFICATIONS AND/OR ACCOUNTS RECEIVABLE INVOICES BY EMAIL

This authority is to remain in effect until the MD of Greenview receives written notification from the above-mentioned customer of a change or termination. Written notification must be received at least ten (10) business days before the next billing is scheduled. This agreement may be automatically terminated upon thirty (30) days written notice from MD of Greenview.

The personal information collected on this form is being collected under the authority of Bylaw 20-857. Sections 33 and 39(1)(a)(b) of the Alberta Freedom of Information and Protection of Privacy Act, and Section 301.1 of the Municipal Government Act. The information will be used to process your application(s). Your name, contact telephone number and address may be used to carry out current and/or future construction, operating programs, services or activities of the Municipality. If you have any questions about the collection, use or disclosure of the personal information provided, please contact the Freedom of Information and Protection of Privacy Coordinator at 780.524.7600.

AUTHORIZING SIGNATURES

Signature

Date

Signature

Date

