

P.O. Box 1369 1001 Buchanan Dr. Suite #4 Burnet, TX. 78611

## **Paperless Billing Request form**

Name:		
Service Address:		
Utility Acct numb	er:	
E-mail:		
Phone numbers:		
I am electing to receive r receive a paper copy in t	ny City of Burnet utility bill via e- he mail.	-mail only and will no longer
Signature:	Date:	