



*Serving the Community Since 1965*

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148 SOUTH WILSON STREET    POST OFFICE BOX 326    NIPOMO, CA 93444 - 0326  
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**UTILITY BILLING PAPERLESS BILLING FORM**

This is a request to REQUEST or MODIFY a previous agreement between the NIPOMO COMMUNITY SERVICES DISTRICT and the undersigned PROPERTY OWNER OR REPRESENTATIVE. One form will be required for each account.

My signature constitutes notice to Nipomo Community Services District to MODIFY the Paperless Billing Request previously submitted.

**Name on Account:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**NCSD Account Number:** \_\_\_\_\_

I would like to receive an EMAIL ONLY bill. Email address to be used:

\_\_\_\_\_

I would like to receive an EMAIL and PAPER bills.

I would like the email address on file to be changed to

\_\_\_\_\_

I understand that the District is not responsible for any paperless bills not received or bounced back to sender. It is the owner's responsibility to complete a new form in a timely manner if the email address has changed.

I understand and acknowledge that modification of the paperless billing request previously submitted must be received by the end of the month prior to the mailing of the next regular billing cycle.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**