



NIPOMO COMMUNITY SERVICES DISTRICT

148 SOUTH WILSON STREET
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NIPOMO, CA 93444 - 0326
(805) 929-1133 FAX (805) 929-1932
Web site address www.ncsd.ca.gov

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.

Name on Account: _____
Service Address: _____
NCSD Account Number: _____
Telephone Number: _____
Email Address: _____

- I would like to receive an EMAIL ONLY bill.
- I would like to receive an EMAIL and PAPER bills.
- I would like the email address on file to be changed.
- I would like to CANCEL paperless billing.

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