



MUNICIPALITY OF

**PORT HOPE**

FINANCE

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## e-Billing Enrollment

### e-Billing Enrollment Application/Agreement

This program provides options for tax bills and water/sewer bills to be automatically directed to an email account.

**Are you registering for Tax, Water/Sewer or both? (Select all that apply) \***

Tax

Water/Sewer

**How many Property Tax accounts are you registering for e-billing? \***

**Roll Number(s): \***

**How many Water/Sewer accounts are you registering for e-billing? \***

**Water/Sewer Account Number(s): \***

**Name(s) on Account: \***

**E-mail Account that your bills will be sent to: \***

**Phone Number: \***

**Street Address: \***

**City: \***

**Postal Code: \***

**Province: \***

## Declaration

- I declare I am the account holder or representative authorized to make this change.
- I agree that by submitting this form I will no longer receive paper bills in the mail. All subsequent bills including any collection notices will be directed electronically to the specified email address.
- I agree that I am responsible to inform the Municipality of any standard mailing address change or email address change.
- I acknowledge that receipt of bills by email does not change billing cycles, due dates or my responsibility to ensure account balances are paid.
- I have added the Municipality of Port Hope to my email's safe/contact list

**By checking this box I declare that all the information above is to the best of my knowledge correct, and agree to any terms or conditions stipulated: \***

**Date: \***

I agree

Personal Information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 c. M56, as amended. Inquiries about the collection of personal information should be directed to the Municipal Clerk.