

CITY OF ESCALON
SERVICE CHANGES

Account # _____ Date _____

Name _____

Address _____ Phone # _____

Please send my bill via email. My email address is: _____

- **By signing below you agree to receive an email copy of your bill and that you will no longer receive a paper copy in the mail.**

- **Adobe Acrobat Reader is required to open your bill. Please ensure that you have Adobe Acrobat Reader and check for your first bill early. City of Escalon is not responsible for any late fees incurred due to inability to view the bill.**

Signature: _____ City Authorization: _____

Please return form to: 2060 McHenry Ave
Escalon CA 95320

OR fax the form to: 209.691.7409
OR email to: utilities@cityofescalon.org