



TOWN OF ATOKA

Water Department - Customer E-Bill Registration Form

Customer Name : _____

Service Address : _____

Account Number : _____ - _____ - _____

Home Phone Number : (_____) _____ - _____

Cell Phone Number : (_____) _____ - _____

Primary Email Address : _____

Billing Type (select one) : E-mail Bill Only E-mail and Paper Bill

I request that the Town of Atoka Water Department provide my water bill as directed above. I understand that my water bill will be transmitted by the Town from the e-mail address water@townofatoka.com and that failure to receive my bill does not relieve my responsibility to pay my bill. I further understand that I am responsible for checking any spam or junk mail folders associated with my e-mail provider in the unlikely event that my water bill is delivered to one of those folders. If, at any time, I wish to modify my billing options, I will contact the Atoka Water Department at (901) 837-5301.

Signature : _____ Date : _____ / _____ / 20____