



City of Boulder City
401 California Ave.
Boulder City NV 89005
Phone: 702-293-9244
Fax: 702-844-8509
www.bcnv.org

Request for paperless billing

_____	_____
Account number	Customer number

Service address	

Customer name (as it appears on the bill)	

Email address	

I hereby authorize the City of Boulder City to email my monthly utility bill as designated on this application to the email address I have specified for receipt of my monthly utility bill. I have the right to cancel paperless billing at any time by notifying the City of Boulder City within 30 days of the next billing. If the email address provided is illegible, insufficient or incorrect in any manner, I understand that I may not receive a billing. In addition, I understand that the City of Boulder City reserves the right to cancel paperless billing participation at any time.

Signature

Date