



Utility E-Billing Enrollment Form

We are happy to offer electronic delivery of your Utility bill.

Simply complete this form and return to:

City of Grand Ledge

310 Greenwood St.

Grand Ledge, MI 48837

Name: _____

10 Digit Account Number: _____

Service Address: _____

E-mail Address: _____

Daytime Phone Number: _____

*By signing this form, I elect to receive my bill electronically. I will keep my e-mail address updated with the City of Grand Ledge Utility Billing system. I understand that failure to receive a bill does not exempt me from penalty, collection activity, or shut off subject to applicable notice requirements. **I understand that I will no longer receive a postcard copy of my bill.***

Account Holder Signature

Date

Please add cityofgrandledge.com to your safe sender list.