

CITY HALL  
106 DORMAN STREET  
HARRINGTON, DE 19952



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302-398-4477 FAX  
HARRINGTONDELAWARE.GOV

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## **Paperless E-Billing Enrollment Request**

Property Owners Name:

Property Location:

Account:

Map/Parcel Number:

Mailing Address:

Email Address

Phone Number:

Date:

I would like to enroll in paperless e-billing for the City of Harrington water, sewer and trash services. I realize that I will no longer receive a quarterly bill in the mail. Furthermore, I understand that it is my responsibility to ensure that I receive each quarterly bill and to notify the City should I not receive my e-bill by the 10<sup>th</sup> of each billing month (October, January, April and July).

Property Owners Signature:

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Staff Use:

Account Information Updated:

By: