



Water Department/ 104 E. 5th Ave/ PO Box 928/ Emporia, KS 66801/ 620-343-4244/ utilities@emporia-kansas.gov

Information to enroll in statements by email:

Account Number: _____

Customer Name: _____

Contact Name: _____

Contact Phone Number: _____

Email Address to send statement: _____

I hereby give the City of Emporia permission to email a copy of the monthly statement to the above stated email address.

Signature _____

Date _____