

Lehighon Borough
P O Box 29
Lehighon, PA 18235

PLEASE PRINT LEGIBLY

Utility Bill E-Mail Request

Account # _____ Date: _____

Required Field

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone# _____ Landline Phone # _____

E-mail Address: _____

Required Field

I understand that I am requesting that my monthly utility bills be sent to me via E-Mail. I further understand that hard copies of my monthly utility bills will no longer be sent to me via US Postal Service. You are required to provide the remittance portion of your utility bill when paying in person or by mail. Failure to do so could result in additional fees.

Please allow up to two (2) billing cycles to take effect.

Signature Date

For Official Use Only Received:

Date Entered into System: _____

Entered by: _____