



**NORTH PORT UTILITIES DEPARTMENT**  
**4970 City Hall Boulevard**  
**North Port, FL 34286-4100**  
**Telephone: (941) 429-7122 Fax: (941) 429-7121**  
**Email: NPUutilities@cityofnorthport.com**

**EMAIL NOTIFICATION OF ELECTRONIC BILL**  
**CHANGE/CANCELLATION FORM**

Customer Name: \_\_\_\_\_ NPU Account No. \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
**(CURRENT MAILING ADDRESS MUST BE PROVIDED)**

Telephone No.: \_\_\_\_\_ Current Ebill Address: \_\_\_\_\_

**I hereby authorize North Port Utilities to make the following CHANGE to my electronic billing agreement (please initial below):**

\_\_\_\_\_ I hereby authorize North Port Utilities to **CHANGE** my email address as reflected below.

**CHANGE** the current ebill address to: \_\_\_\_\_

**- OR -**

**I hereby authorize North Port Utilities (NPU) to CANCEL my electronic bill agreement (please initial below):**

\_\_\_\_\_ I hereby authorize North Port Utilities to **CANCEL** sending email notifications to the current ebill address listed above. I understand that, effective September 10, 2019, customers will be billed a \$3.50 fee on their monthly billing statement for producing, processing and mailing each duplicate bill (mailed paper version). Property Owner or Property Manager (signed copy of the management agreement is required) must complete the NPU Duplicate Billing Authorization/Cancellation Form in order to initiate mailing of a duplicate bill via the US Postal Service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have any questions, please call us at (941) 429-7122 or  
 Email NPUutilities@cityofnorthport.com**

**FOR OFFICE USE ONLY**

# OF BILLS **MAILED** ON ACCT: \_\_\_\_\_ # OF **EBILL** NOTIFICATIONS (ENU): \_\_\_\_\_ RECURRING CHARGE: \_\_\_\_\_

EMAIL NOTIFICATION (ENU) CHANGE/CANCEL COMPLETED (CIRCLE ONE): ADDED / CHANGED / DELETED

THIRD PARTY MAINTENANCE (TPM) COMPLETED (CIRCLE ONE): ADDED / CHANGED / DELETED

RECURRING CHARGE MAINTENANCE (RCM) COMPLETED (CIRCLE ONE): ADDED / CHANGED / DELETED

DUPLICATE BILL AUTHORIZATION FORM COMPLETED (CIRCLE ONE): YES OR NO

CURRENT ADDRESS, SIGNATURE & INITIALS HAVE BEEN PROVIDED ABOVE (CIRCLE ONE): YES OR NO

PROCESSED BY: \_\_\_\_\_ DATE PROCESSED: \_\_\_\_\_