



AUTHORIZATION FORM FOR EMAIL INVOICES

I, _____,
(PRINTED NAME)

hereby confirm I am the responsible party to receive and pay all FAIRLAWN SEWER AUTHORITY invoices associated with the address:

(STREET ADDRESS OF PROPERTY)

I also agree that I will provide all updates to this email address in writing to FAIRLAWN SEWER AUTHORITY at:

FAIRLAWN SEWER AUTHORITY
7351 PEPPERS FERRY BOULEVARD
FAIRLAWN, VA 24141

To receive email invoices, all the following criteria must be met:

1. Fill out the form completely.
2. The email address provided must be associated to the person requesting service and must include the party responsible to submit payment for services rendered.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

ACCOUNT NUMBER: _____ (THIS CAN BE FOUND ON THE GREEN CARD INVOICE)

TELEPHONE NUMBERS: _____ (HOME OR COMMERCIAL)

_____ (MOBILE)

I WOULD LIKE TO RECEIVE MY SEWER BILL AT THE FOLLOWING EMAIL ADDRESS:

PLEASE NOTE: UP TO THREE EMAIL ADDRESSES MAY BE PROVIDED

I ACKNOWLEDGE THAT FAILURE TO RECEIVE THE INVOICE DOES NOT RELIEVE THE PROPERTY OWNER OR RESPONSIBLE PARTY OF PAYMENT OF THE SEWER BILL.

SIGNATURE

DATE

YOU MAY REVOKE THIS CONSENT IN WRITING AT ANY TIME.

**PLEASE SUBMIT THE COMPLETED FORM TO:
FAIRLAWN SEWER AUTHORITY
7351 PEPPERS FERRY BOULEVARD
FAIRLAWN, VA 24141**

PLEASE BE SURE TO VISIT OUR WEBSITE AT WWW.FAIRLAWNSEWERAUTHORITY.ORG

PULASKI COUNTY SEWERAGE AUTHORITY D.B.A. FAIRLAWN SEWER AUTHORITY