



Name (Please Print) \_\_\_\_\_

Water Account Number(s) \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Effective Date \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Paperless Bill:**  YES or  NO

**RETURN THIS FORM TO CITY HALL OR DROP IN THE DROPBOX OR EMAIL TO:**

[Water@blairne.gov](mailto:Water@blairne.gov)

CITY OF BLAIR  
218 S 16<sup>TH</sup> ST  
BLAIR, NE 68008