City of Ontario Water/Sewer Department

I/We, the undersigned, who currently reside at	er/Sewer Bill be sent to us via email rather than via main in effect until I/we sign paperwork with the
Account number	:
Preferred phone number to contact	:
Preferred email address	:
Date:	Signature Print name
	Signature
	Print name
For City Use Only	
Approved by:	
Name, Capacity	, 20