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CITY OF SANFORD APPLICATION FOR E-MAIL UTILITY BILLS

Name(s) on Account _____

Service Address _____

Account Number _____

Telephone Number _____

E-mail Address _____

Date of Application _____

Signature of Name(s) listed on water account: _____

Please fill out application accurately and return to the City of Sanford Customer Service Department located at 225 E. Weatherspoon St. or mail application back to the address listed below:

City of Sanford
Attn: Customer Service Department
PO Box 3729
Sanford, NC 27331

Application may also be obtained on the City of Sanford website at www.sanfordnc.net