



STOP PAPERLESS BILLING

Please cancel my enrollment in the City of Yukon's Paperless Billing program. The effective date is _____ .

Name on Customer Account _____

Service _____ Address _____

Billing _____ Address _____

Home Phone _____ Work Phone _____ Cell _____

I understand that I will no longer receive an electronic bill and that a paper bill will be mailed to my billing address.

Customer _____ Signature _____ Date _____

Utility _____ Account _____ Number(s) _____
