



Cowichan Bay Waterworks District

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CUSTOMER eBILLING REQUEST FORM

Date: _____

OWNER NAME (S):

1) _____

2) _____

Account # _____

PHYSICAL ADDRESS OF PROPERTY:

Unit #, Street

City, Province, Postal Code

CONTACT INFO:

Home Phone#

Cell#

Email address for eBilling

I/WE acknowledge that it is my/our sole responsibility to notify the COWICHAN BAY WATERWORKS DISTRICT of any changes to my/our email account.

Signature

Signature

*We value and respect your privacy. Your email address will not be shared with a third party, nor will it be sold, or used for purposes other than CBWD correspondence.