Consent to Receive Bills by Email

I, the undersigned, hereby authorize the Municipality of Callander to send my:

- ☐ Water Bill
- ☐ Tax Bill
- ☐ Both

To the email address provided below, instead of receiving paper copies by mail.

I understand that it is my responsibility to ensure that my email address is correct and up to date. I also acknowledge that I may withdraw this consent at any time by providing written notice.

Customer Information

Full Name: _____

Address: _____

Email Address: _____

Signature: _____

Date: _____

Privacy Notice: *Personal information is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act and will be used for municipal administration purposes. For questions, contact the Clerk, Municipality of Callander.*