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www.roxbydowns.sa.gov.au

ABN: 68 284 130 046

Office Use:

Document ID:

Request for eBilling

**Required Fields*

Note: This form allows you to receive your billing notices via email on the issue date.

Property/ Account Owner Details

* First Name _____ * Last Name _____

* Organisation Name _____
(If applicable)

* Property Address _____

* Residential Address _____

* Postal Address _____

Request Details

* Account Numbers -*please tick which accounts require eBilling*

☐ Rates assessment number _____

☐ Water account number _____

☐ Electricity account number _____

* Mobile Phone Number _____

***You will receive SMS notification if your email bounces back*

Secondary Mobile Phone Number _____

* Primary email address _____

Secondary email address _____
[If applicable]

You can also update your details on our website - www.roxbydowns.sa.gov.au/ebilling

Authorisation

I/we authorise Roxby Power, Roxby Water and Roxby Council to change my account with the information provided and to change the way I receive all notices. I understand that aside from the way I receive my notices, there will be no change to the terms and conditions under which my electricity and water is supplied or how my rates are charged.

Terms and Conditions are detailed on our website. To view, visit www.roxbydowns.sa.gov.au

* Full name of person completing this application _____

* Signature of person completing this application _____

* Date ____ / ____ / ____