

CITY OF HARRINGTON
106 Dorman Street
Harrington, DE 19952



Tel: (302) 398-3530
Fax: (302) 398-4477
www.cityofharrington.com

Paperless E-Billing Enrollment Request

Property Owners Name: _____

Property Location: _____ Account: _____

Map/Parcel Number: _____

Mailing Address: _____

Phone Number: _____ Date: _____

I would like to enroll in paperless e-billing for the City of Harrington water, sewer and trash services. I realize that I will no longer receive a quarterly bill in the mail. Furthermore, I understand that it is my responsibility to ensure that I receive each quarterly bill and to notify the City should I not receive my e-bill by the 10th of each billing month (October, January, April and July).

Property Owners Signature: _____

Staff Use:

Account Information Updated: _____ By: _____