

Office Use Only	
Received by:	Date:
Entered by:	Date:

## **TOWN OF BALGONIE EMAIL CONSENT FORM**

Name(s):	
Street Address(es) of	
Balgonie Properties:	
Mailing Address:	
Phone Number(s):	
Primary Email: (Customer Portal Login)	
Secondary Email:	
Secondary Linan.	
· ·	of Balgonie, for the purpose of receiving notifications from the Customer ess to send me the following documents:
<ul> <li>Utility Notices</li> </ul>	
<ul> <li>Tax Notices</li> </ul>	
<ul> <li>Tax Assessments</li> </ul>	
<ul> <li>Receipts</li> </ul>	
<ul> <li>Custom Letters</li> </ul>	
I understand that:	
1. I will receive email r	notifications when new documents are uploaded to the Customer Portal.
2. Once registered for	the Customer Portal, paper copies will no longer be mailed to me.
3. Paper copies can be	mailed upon request.
I will inform the Town of Bal	gonie of any changes to my email address.
Signature:	Date:
Return completed form to tl	ne Town Office or email townofbalgonie@sasktel.net.
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