

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:	
-	f Balgonie, for the purpose of receiving notifications from the Customer is to send me the following documents:
ReceiptsCustom Letters	
	ifications when new documents are uploaded to the Customer Portal. e Customer Portal, paper copies will no longer be mailed to me.
I will inform the Town of Balgo	onie of any changes to my email address.
Signature:	Date:
Return completed form to the	Town Office or email general@balgonie.ca.