



E-BILLING FORM

DATE: _____

NAME: _____

ADDRESS:

PHONE #: _____

ACCOUNT # _____

EMAIL ADDRESS: _____

I understand, by signing this document, I will no longer receive a monthly paper water bill in the mail. However, I understand that I am still responsible for payment due the 15th of each month.

Please add shwater@springhilltn.org to your contact list and/or adjust your spam settings accordingly.

This form can be mailed to the address below, dropped off at City Hall or emailed to shwater@springhilltn.org.

SIGNATURE: _____

199 Town Center Parkway
P.O. Box 789
Spring Hill TN 37174

Phone: 931-486-2252
Fax: 931-486-0516
www.springhilltn.org

7/21/2021