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## REQUEST TO MAKE CHANGES TO E-MAIL BILLING NOTIFICATIONS

## Please print

Service Location Address		
Last Name	First Name	Account Number
Mailing Address		I
City	Province/State	Postal Code/ZIP
I hereby request that the following changes be made to my account information:  Change my e-mail address to: I agree that the original e-mail billing notification agreement signed by me will remain		
Terminat I agree th	Terminate e-mail billing notification effective  I agree that the original e-mail billing notification agreement signed by me will remain in full force until I have been notified that termination has been effected.	
Date:		
Registered Owner's Signature:		

Please mail or fax this form to the address noted above.