



CITY OF RIVIERA BEACH AUTHORIZATION TO RECEIVE ACCOUNT AND BILLING STATEMENTS AGREEMENT

The undersigned hereby grants permission for _____
to obtain account information and billing statements for my utility account number: _____
Should you have any questions or concerns, please contact me at telephone number: _____
and email: _____.

Account Holder's Signature: _____ Date: ____/____/____
Month /Day /Year

STATE OF FLORIDA:

COUNTY OF: _____

The foregoing instrument was acknowledged before me this _____ (date),
by _____ (name), who is personally
known to me or who has produced _____ (type of identification) as
identification.

Sworn to (or affirmed) and subscribed before me by means of:

Online notarization or Physical presence

Notary Public: _____

Name: _____
Please print

My Commission Expires: _____

Commission #: _____

Please submit completed application
and supporting documentation to:

MAIL/IN PERSON
City of Riviera Beach
Finance Department
600 West Blue Heron Blvd.
Riviera Beach, FL 33404

EMAIL
css@rivierabeach.org