



Office Use:

Document ID:

Request for eBilling

**Required Fields*

Note: This form allows you to receive your billing notices via email on the issue date.

Property/Account Owner Details

*First Name: _____ *Last Name: _____

Company Name: _____
(If applicable)

*Property Address: _____

*Residential Address: _____

*Postal Address: _____

Request Details

*Account Numbers – *Please tick which accounts require eBilling*

Rates Assessment Number: _____

Water Account Number: _____

Electricity Account Number: _____

*Mobile Phone Number: _____

You will receive an SMS notification if your email bounces back

Secondary Mobile Phone Number: _____

*Primary Email Address: _____

Secondary Email Address: _____
(If applicable)

You can also update your details on our website - www.roxbydowns.sa.gov.au/ebilling

Authorisation

I/we authorise Roxby Power, Roxby Water and Roxby Council to change my account with the information provided and to change the way I receive all notices. I understand that aside from the way I receive my notices, there will be no change to the terms and conditions under which my electricity and water is supplied or how my rates are charged.

Terms and Conditions are detailed on our website. To view, visit www.roxbydowns.sa.gov.au

*Full name of person completing this application: _____

*Signature of person completing this application: _____

*Date ____ / ____ / ____