



Town of Sullivan's Island
Water & Sewer Department



Paperless Billing Enrollment Form

Name: _____

Account Number: _____

Service Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

By signing this form, I confirm that I agree to receive my billing statement electronically to the email listed above via the Town of Sullivan's Island's utility billing software, BS&A. I understand that Sullivan's Island Water & Sewer Department will discontinue mailing my monthly statement and any billing inserts associated with the account(s) listed above.

Signature: _____

Date: _____