

# APPLICATION FOR CARROLL ELECTRONIC BILLING

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Account Number \_\_\_\_\_

Service Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

City of Carroll  
112 E. 5<sup>th</sup> St.  
Carroll, IA 51401  
712-792-1000  
[cityofcarroll@cityofcarroll.com](mailto:cityofcarroll@cityofcarroll.com)