



LWM Paperless Billing Enrollment

Yes, I _____ would like to enroll in paperless billing.

Email: _____

Alternate Email: _____

I understand that all future invoices and/or statements will be emailed** by LWMAR@lakengrenpoa.net to the designated email(s) listed above.

Signature: _____ Date: _____ Lot # _____

** Lakengren Waste Management, LLC is not responsible for undeliverable or spammed emails.

** If the emails listed above change at any time – please notify the office immediately at 937/456-3173 or by email to LWMAR@lakengrenpoa.net .