



Edwardsville Water Authority

545 Maplewood Blvd
Georgetown, Indiana 47122
812-948-0900

www.EdwardsvilleWater.com

TO: All Edwardsville Customers

SUBJECT: CONSENT TO RECEIVE AUTOMATED TELEPHONE CALLS

Dear Customer:

Edwardsville Water Corporation is seeking written consent to contact you via automated telephone dialing system. Auto dialing speeds our ability to notify you when incidents occur such as service outages, notice of boil water advisories, notice of potential disruption of service and other important issues. Your written consent is necessary in order for us to remain in compliance with the FCC ruling regarding automated phone dialing. We would appreciate it, if you would complete and return the lower portion of this mailing at your earliest convenience.

It remains your responsibility to keep us informed of updated contact information. If there is a change in your telephone number (land line or mobile) or e-mail address, please contact our office at 812-948-0900 as soon as possible.

Respectfully,
Edwardsville Water Authority

My/our signature below indicates consent to permit Edwardsville Water Authority (the "company") to utilize the following telephone number(s) to contact me/us with an automated telephone dialing system or an artificial or pre-recorded voice regarding any matter pertaining to my/our service with the company. Such calls may include, but are not limited to matters such as boil water advisories, outages and service interruptions due to lack of payment on account. I understand that I am not required to sign this agreement as a condition of receiving service from the company.

* _____
MEMBER'S PRINTED NAME (1) (Primary Contact)

* _____ (C) or (H)
Primary # (CIRCLE ONE)

* _____
MEMBER'S SIGNATURE (1) (Primary Contact)

_____ (Please print)
Email Address

MEMBER'S PRINTED NAME (2)

_____ (C) or (H)
Phone # (CIRCLE ONE)

MEMBER'S SIGNATURE (2)

_____ (Please print)
Email Address

Service Address _____

This institution is an equal opportunity provider and employer.

ACCT# _____

MEM #: _____

LOCATION # _____