



Edwardsville Water Corporation

545 Maplewood Blvd
Georgetown, Indiana 47122
Phone: 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 a new FCC ruling regarding automated phone dialing. We would appreciate if you would complete and return the lower portion of this mailing at your earliest convenience.

In the future, we plan to upgrade our billing system to allow for more advanced communication, i.e. e-mail. In order to prepare for this, we would appreciate if you would provide us with your e-mail address.

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 Corporation

My/our signature below indicates consent to permit Edwardsville Water Corporation (the "Corporation") to utilize the following telephone number 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 Corporation. 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 Corporation.

* _____
MEMBER SIGNATURE (1) (Primary Contact)

* _____
Phone number (Primary #)

MEMBER SIGNATURE (2)

Phone number

Service Address

E-mail Address (*Please print*)

This institution is an equal opportunity provider and employer.

ACCT# _____

MEM #: _____

LOCATION # _____

DOR 9/13/22