Accounting Department/104 E. 5th Ave/P O Box 928/Emporia KS 66801/620-343-4287/momara@emporia-kansas.gov

Information to enroll in statements by email:

Account Number: _____

Customer Name: _____

Contact Name: _____

Contact Phone Number: _____

Email Address to send statement: _____

I hereby give the City of Emporia permission to email a copy of the monthly statement to the above stated email address.

Signature _____

Date _____