



REQUEST FOR DUPLICATE BILL

Date: _____

To Whom It May Concern:

Please provide me with the following duplicate bill for Calendar Year _____.

**\$1.00 FEE PER REQUEST PER BILL TYPE
ADDITIONAL \$1.00 FEE FOR EACH YEAR IF MULTIPLE YEARS ARE REQUESTED**

Utility:

Location: _____

Location: _____

Location: _____

Excise:

Name: _____ Reg# _____

Name: _____ Reg# _____

Name: _____ Reg# _____

Name: _____ Reg# _____

Duplicated bills will only be provided to the address on file for the home or registered owner.