



City of Punta Gorda, FLORIDA

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PGCOLLECTIONS@CI.PUNTA-GORDA.FL.US

Electronic Notification Authorization

Account Number: _____

Name: _____

E-Mail: _____

Phone Number: _____

I (We) authorize the City of Punta Gorda to send electronic billings to the above e-mail. I understand that it is my responsibility to notify the Billing & Collections Department if I change my e-mail account. Failure to receive bill does not excuse account from penalties, service disconnection or other fees.

Signature: _____

Date: _____

