



OFFICE OF THE TOWN CLERK/TAX COLLECTOR
PO BOX 517
ASHLAND, NH 03217
townoffice@ashland.nh.gov

VOLUNTARY PAPERLESS BILLING REQUEST & AGREEMENT

Name: _____

Telephone Number: _____

I am the legal owner of the property below: _____ **(initial here)**

Property Address: _____

Mailing Address: _____

E-mail Address: _____

Map/Lot Number (if known): _____

Terms and Conditions

1. I hereby request that future tax bills be forwarded to me electronically and accept that the paperless bill will be the sole means by which I am notified of taxes due and that I will no longer receive a paper bill through the mail.
2. I understand that all other types of notifications from the Town will still be conducted through the mail.
3. I agree to notify the Tax Collector's Office, in writing, either through mail, fax or email, of any change in my email address.
4. I agree to notify the Assessing Office or Tax Collector's Office in writing, either through mail, fax or email, of any change to my mailing address.
5. I acknowledge that any emailed bill notice issued to the address provided is a valid and properly issued bill, and failure to receive it does not alter the obligation to make payment on time. Interest accrued to late balances will remain fully collectible in instances of failure to receive the emailed bill notice.
6. Should I wish to terminate the receipt of paperless bill notifications, I understand that I must notify the Tax Collector's Office, in writing, either through mail, fax or email, of my desire to opt out of electronic delivery at which point I will begin receiving paper bills through the mail.

I have read, understand, and agree to the above terms and conditions.

Sign: _____ Date: _____