



City of Inver Grove Heights  
8150 Barbara Avenue  
Inver Grove Heights MN 55077  
Phone: 651-450-2500  
Fax: 651-450-2502  
utilitybilling@ighmn.gov  
www.ighmn.gov

# E-Bill Enrollment Form

The City of Inver Grove Heights is now offering paperless billing to utility customers. Instead of receiving a paper bill, you can sign up to receive your utility bill electronically via e-mail.

The benefits of E-Bill are:

- The service is absolutely free
- You will have one less piece of mail to sort through
- You avoid mailing delays in receiving your bill
- By going paperless, E-bill saves trees, energy, and resources

The E-bill will look like the statement you receive monthly. The bill date, due date and other information will remain the same.

The e-mail will come from the e-mail address [noreply@ighmn.gov](mailto:noreply@ighmn.gov).

*Please make sure to add this email address to your safe senders list to prevent it from getting caught in filters.*

## Sign up today!

To sign up for E-bill, please complete the form below and return it to us using one of the following options.

Option 1: Email to: [utilitybilling@ighmn.gov](mailto:utilitybilling@ighmn.gov)

Option 2: Fax to: 651-450-2502

Option 3: Mail to: City of Inver Grove Heights

8150 Barbara Ave

Inver Grove Heights MN 55077

The suggested methods of payment are Automatic Payment or Online Payment at [www.ighmn.gov](http://www.ighmn.gov). However, should you choose to mail in your payment you will need to print your E-bill and submit the remittance along with your check.

If you have any questions, please contact utility billing at 651-450-2500.

By enrolling in this service, you agree to notify the city of any changes to your email address. Additionally, you agree to promptly notify the City if you are experiencing any difficulties including, but not limited to, receiving these notices.

## City of Inver Grove Heights UTILITY E-BILL ENROLLMENT FORM

First and Last Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_