

# E-MAIL ADDRESS COLLECTION FORM

**PLEASE COMPLETE THIS FORM AND RETURN TO:**

**DROP OFF:**

Greater Hammond Community Services, Inc.  
ATTN: Section 8 Department  
824 Hoffman Street  
Hammond IN 46327

**MAIL:**

Greater Hammond Community Services, Inc.  
ATTN: Section 8 Department  
P.O. Box 389  
Hammond, IN 46325

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Greater Hammond Community Services, Inc. has begun to use e-mail for routine communication in an effort to deliver information faster in this convenient format. You may choose to opt-in to e-mail delivery of notices and forms by completing this form:

**I would like to receive information via e-mail rather than via standard mail**

**E-mail Address:** \_\_\_\_\_

I understand that the following conditions apply to e-mail delivery:

- ◆ Some correspondence cannot be sent via e-mail and will continue to be sent via standard mail.
- ◆ Correspondence sent via e-mail will only be delivered via e-mail and will not be sent via standard mail.
- ◆ Replies to e-mail should not include confidential, sensitive or protected information.
- ◆ I am responsible for notifying Greater Hammond Community Services if my e-mail address changes.
- ◆ If an e-mail is sent to me and is returned as undeliverable no more e-mails will be sent until I contact the agency to update my e-mail account information.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State & Zip:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_