



**CITY OF PETERSBURG
E-STUBS BY .NET APPLICATION**

1. Department _____

2. Name _____ Emp. # _____
(please print)

3. E-mail address _____
(please print)

Note: You may use any e-mail address. It does not have to be your City issued e-mail address.

4. Contact # _____

Please provide a phone number where you can be reached during normal business hours.

Signature

Date

Please email a completed form to Janet Turner at jturner@petersburg-va.org