



CITY OF WAUTOMA WATER UTILITY

P.O. Box 428, Wautoma, WI 54982
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RELEASE OF CUSTOMER INFORMATION AUTHORIZATION FORM

PURPOSE: This Release of Customer Information Authorization Form allows a City of Wautoma Utility account holder (“Account Holder”) to delegate certain rights to an authorized party (“Authorized Party”) concerning the account holder’s service(s), including authorizing receipt of confidential customer account information. This form must be completed in its entirety and signed by the Account Holder or by someone who has legal authority to bind the Account Holder.

AUTHORIZATION: I, _____ (*printed name*), state that I am the City of Wautoma (“City”) utility services Account Holder and hereby request and authorize the City to release my utility customer account information to:

Authorized Party: _____
Address: _____
Phone Number: _____ Fax Number: _____
Email Address: _____

The scope of access to my account information is authorized as follows:
(*Account Holder must initial Limited Access or Full Access*)

_____ Limited Access

Authorized Party may obtain the following: (*check any or all that apply*)

- Usage and Balance Information
- Payment History and Payment Plan Agreement Information
- Contact Information (incl. mailing address, phone)
- Other: _____

_____ Full Access

Authorized Party may conduct any transactions and receive any information regarding my utility service account.

This authorization is valid for*:
(*Account Holder must initial*)

- _____ One-time only – Authorized Party is granted access one time.
- _____ One-year period – Authorized Party is granted access for 12 months from the date of execution of this form.
- _____ Date specific – Authorized Party is granted access until _____ (*date*).
- _____ Account close – Authorized Party is granted access until the utility account is closed.

*If no time period is specified, authorization will be limited to a one-time authorization.

I understand that this Authorization does not require the City to release information and that the City retains the right to verify any authorization request submitted before releasing information or taking any action.

I hereby release, hold harmless, and indemnify the City from any liability, claims, demands, and causes of action, damages, or expenses resulting from:

- 1) Any release of information pursuant to this Authorization;
- 2) The unauthorized use of this information by the Authorized Party; and
- 3) Any actions taken by the Authorized Party pursuant to this Authorization.

I understand that I may cancel this Authorization at any time by notifying the City of Wautoma Water & Sewer Utility in writing. I acknowledge I am signing this Authorization under my own free will and not under duress.

Account Holder’s Signature: _____ Date: _____

Account Holder’s Printed Name: _____

Utility Service Address: _____

Utility Service Account Number: _____

Account Holder’s Daytime Phone Number: _____