



RELEASE OF CUSTOMER INFORMATION AUTHORIZATION FORM

Purpose: This Release of Customer Information Authorization Form allows a City of Wellington Utility account holder (“Account Holder”) to delegate the authority to an authorized party (“Authorized Party”) to conduct any transactions and receive any information regarding the Account Holder’s utility service account(s). 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 Wellington (“City”) utility services Account Holder and hereby request and authorize the City to release my utility customer account information to the Authorized Party and the Authorized Party is allowed to make changes to my account.

Authorized Party Name: _____

Contact Phone No.: _____ Last 4 digits of Social Security #: _____

Email address: _____

The scope of access to my account information includes that the Authorized Party may obtain usage and balance information, payment history and payment plan agreement information, and contact information. The Authorized Party may conduct any transactions regarding my utility service account.

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.

Accounts included in this authorization (check one box only):

(If no box is selected the authorization will apply to the current, most recent active account.)

- All accounts in my name (Includes past, present and future accounts, as of the Signature date below).
- Specified account number(s) or address(es) listed below (if additional space is needed, use back of sheet)

Account Numbers(s)	Street Address
_____ - _____ - _____	_____
_____ - _____ - _____	_____
_____ - _____ - _____	_____
_____ - _____ - _____	_____
_____ - _____ - _____	_____

Additional sheet/s attached: Yes No

I understand that I may cancel this Authorization at any time by notifying the City of Wellington Utility Billing/Collection Office in writing. I acknowledge I am signing this Authorization under my own free will and not under duress.

Account Holder’s Signature: _____ **Date:** _____

Account Numbers(s)

Street Address

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Account Holder's Signature: _____ Date: _____