



**RELEASE OF CUSTOMER INFORMATION
AUTHORIZATION FORM**

Beloit Utilities • City Treasurer’s Office
100 State Street, Beloit, WI 53511
Office: (608) 364-6663 Fax (608) 364-6642

INSTRUCTIONS: This Release of Customer Information Authorization Form allows a Beloit Utilities 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.

Serviced Property Information

Address:		City/ST/Zip:
Effective Date of Request	Account Number	Parcel Number

Account Holder Information

Name:	Customer ID #:	Phone:
Address:		City/ST/Zip:

Owner Authorization

The undersigned states that I am a Beloit Utilities account holder and hereby request and authorize Beloit Utilities/City of Beloit to release my utility customer account information to:

Authorized Party Information

Name:	Phone Number:
Address:	City/ST/Zip:
E-Mail Address:	Fax Number:

Scope of Authorization

The scope of access to my account information is authorized as follows:

<input type="checkbox"/> Limited Access (Check all that apply) <input type="checkbox"/> Usage and Financial Information Only <input type="checkbox"/> Usage and Financial Access <input type="checkbox"/> Facilities/Property Management Access <input type="checkbox"/> Other: _____	<input type="checkbox"/> Full Access Authorized Party may conduct any transactions and receive information regarding my utility service account.
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This Authorization is valid for: *(If no time period is specified, the release will be limited to a one-time authorization.)*

- One-time only** – Authorized Party is granted access one time.
- One year** – Authorized Party is granted access for 12 months from the date this Authorization is signed.
- Date Specific** – Authorized Party is granted access until *(insert date)* _____.
- Account Close** – Authorized Party is granted access until the utility account is closed.

Acknowledgement

I understand that this Authorization does not require Beloit Utilities/City of Beloit to release information, and that Beloit Utilities/City of Beloit retains the right to verify any authorization request submitted before releasing information or taking any action. I hereby release, hold harmless, and indemnify Beloit Utilities/City of Beloit from any liability, claims, demands, and causes of action, damages, or expenses resulting from any release of information pursuant to this Authorization; the unauthorized use of this information by the Authorized Party; and any actions taken by the Authorized Party pursuant to this Authorization.

I understand that I may cancel this Authorization at any time by notifying Beloit Utilities/City of Beloit in writing. I acknowledge I am signing this Authorization under my own free will and not under duress.

Account Holder Signature: _____ **Date:** _____

OFFICE USE ONLY: