

Please FAX completed form to: Austin Energy at (512) 505-4028 If you have questions please call (512) 494-9400



Release of Customer Information Authorization Form

PURPOSE: This Release of Customer Information Authorization Form allows a City of Austin utility account holder ("Account Holder") to delegate certain rights to an authorized party ("Authorized Party") concerning 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 Austin ("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 Restricted or Unrestricted)

Limited Access	Authorized Party may do the following: (check any or all that apply)	
	□ Usage and Financial Information Only	
	□ Usage and Financial Access	
	Facilities / Property Management Access	
	□ Account Manager	
	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 twelve months from the date of execution of this form.
- _____ Date specific-Authorized Party is granted access until (date).
- _____ Account closes-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 request that the City provide information to the Authorized Party in the format checked below, but I understand the City will provide the information in the format it deems most appropriate. *(check all that apply)*

- Hard copy via US Mail (*if applicable*)______
 Facsimile to telephone number: ______
 Electronic mail to email address: ______
- On-Line Customer Care Access: _____
- Telephone at: _____

I understand that this Authorization does not require the City to release information, and 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 in writing. I acknowledge I am signing this Authorization under my own free will and not under duress. I certify that the authorized party does not benefit from utilities at the service address listed.

Account Holder's Signature	Date:
Account Holder's Printed Name	
Account Holder's Identification:	
Social Security Number	
or Driver's License Number	
or Tax Identification Number	
or Other Identification Number	
Utility Service Address:	
Account Holder Daytime Phone Number:	