CONSENT TO DISCLOSE UTILITY CUSTOMER INFORMATION

This form was prepared by the Public Service Commission of Wisconsin as required by Wis. Stat. § 196.137(4).

Requesting Entity Name (if applicable) _____

Contact Person_____

Mailing Address_____

Phone_(_____)_____ Fax_(_____)_____ Email_____

INFORMATION REQUESTED

The person or entity identified above requests customer information, including billing and usage data related to: □ electric; □ gas; □ water; or □ all services provided by the utility. Such information includes your account balance, payment history and total use per billing period. The information provided by the utility may include any other information regarding your account contained in utility records.

CUSTOMER'S CONSENT

Your information is treated as private by the utility and can only be disclosed as permitted by Wis. Stat. § 196.137. You are not required to authorize the disclosure of your customer information, and your decision not to authorize the disclosure will not affect your utility service.

By signing this form you acknowledge and agree that you are the customer(s) of record for this account and that you authorize the utility to disclose your customer information to the requesting entity listed on this form. This consent is valid until you terminate your service, or withdraw consent by sending a written request with your name and service address to the utility at the address specified at the top of this form. You may terminate this consent at any time.

Please complete this form and return it to the utility either by:

- Email: utilities@eauclairewi.gov
- Fax: (715) 839-3889
- Mail: City of Eau Claire, PO Box 909, Eau Claire, WI 54702

CUSTOMER ACCOUNT NUMBER_____

SERVICE ADDRESS_____

PRINTED CUSTOMER(S) NAME_____

SIGNATURE OF CUSTOMER(S) _____

DATE SIGNED_____ **CUSTOMER PHONE NUMBER**_(_____)_____

Please complete separate consent forms for each utility account.