Authorization for the Release of Account Information

l,	give my permission for
to obtain and/c	receive personal information regarding my utility account. This information
-	mited to, the following:
, ,	, G
Address	
Phone Number	
Payment Status	
Deposit Status	
Utility Usage	
Please provide	e following:
Service Holder	ime:
Account Number	
Service Address	
Account Holder	ignature:
Account Holder	Blidtale
State of:	
County of:	
I.	a Notary Public. do hereby certify that on this
day of	a Notary Public, do hereby certify that on this , 20, personally appeared before me
	be the person whose name is subscribed to the foregoing instrument, and
swore and ackn	wledged to me the he/she executed the same for the purpose and in the
capacity thereir	expressed, and that the statements contained therein are true and correct.
Notary Public S	te of: Affix Seal
Name:	
	xpires: