

CITY OF WASECA CONSENT TO RELEASE UTILITY INFORMATION

Name of Utility Customer: _____

Service address: _____

Information to be released to: _____

I certify that I am the authorized Waseca Utilities account holder of the property listed above in Waseca, Minnesota. I hereby authorize the City of Waseca to release any and all information regarding utility use, billing and payment history, or related matters to the individual or agency named above. I understand that such information may be classified as private data by Minnesota Statute 13.685 and I authorize the City of Waseca to provide such data to the party specified in this release. This release shall remain in effect until I submit a request in writing to the City of Waseca to have it revoked.

Signature

Date

FOR OFFICE USE ONLY

Received by: _____ Date: _____