

**Village of Sauk City**  
**Sauk City Utilities**  
726 Water St., Sauk City, WI 53583  
PHONE- 608-643-3932      FAX-608-643-2462

**RELEASE OF CUSTOMER INFORMATION AUTHORIZATION FORM**

**PURPOSE:** This Release of Customer Information Authorization Form allows a Sauk City Utility 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.

**AUTHORIZATION:** I, \_\_\_\_\_ (*printed name*), state that I am the Village of Sauk City (Sauk City Utilities) Account Holder and hereby request and authorize the Village/Sauk City Utilities 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 obtain the following: (*check any or all that apply*)

- Usage and Financial Information Only
- Usage and Financial Access
- Facilities / Property Management Access

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 12 months from the date of execution of this form.

\_\_\_\_\_ Date specific – Authorized Party is granted access until \_\_\_\_\_ (*date*).

\_\_\_\_\_ Account close – 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 understand that this Authorization does not require the Village/Utility to release information, and that the Village/Utility retains the right to verify any authorization request submitted before releasing information or taking any action.

I hereby release, hold harmless, and indemnify the Village/Utility 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 Sauk City Utilities (Village of Sauk City) in writing. I acknowledge I am signing this Authorization under my own free will and not under duress.**

**Account Holder’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Account Holder’s Printed Name:** \_\_\_\_\_

**Utility Service Address:** \_\_\_\_\_

**Utility Service Account Number:** \_\_\_\_\_

**Account Holder’s Daytime Phone Number:** \_\_\_\_\_