

Release of Customer Information Authorization Form

PURPOSE: This Release of Customer Information Architecture Form allows a City of Atlanta Department of Watershed Management 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, the person to whom utility bills are addressed.

AUTHORIZATION: I _____ (printed name) state that I am the City of Atlanta (City") Department of Watershed Management Account Holder and hereby request and authorize the City to release information about my water/sewer account to:

Authorized Party:

Address:

Phone Number:

Email Address:

The scope of access to my account information is restricted to water consumption, billing and customer service data via electronic mail and customer information system access, but I understand the City will provide the information in the format it deems most appropriate.

This authorization is valid until April 19, 2019.

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 any release of information pursuant to this Authorization, any unauthorized use of this information by the Authorized Party; and/or 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 Care and Conserve Office in writing. I acknowledge I am signing this Authorization under my own free will and not under duress.

Account Holder's Signature _____ Date: _____

Water/Sewer Account Service Address: _____

Water/Sewer Service Account Number _____

Account Holder's Daytime Phone Number: _____

Account Holder's Identification: Social Security Number _____ - _____ - _____

or

Driver's License Number _____

or Other Identification Number _____