## 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 related to: $\square$ electric; $\square$ gas; $\square$ water; or $\square$ all services provided by the utility. Such inform includes your account balance, payment history and total use per billing period. The information by the utility may include any other information regarding your account contain records.	ation mation
CUSTOMER'S CONSENT	
Your information is treated as private by the utility and can only be disclosed as permitte Stat. § 196.137. You are not required to authorize the disclosure of your customer inform 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 account and that you authorize the utility to disclose your customer information to the reentity listed on this form. This consent is valid until you terminate your service, or withdry sending a written request with your name and service address to the utility at the add specified at the top of this form. You may terminate this consent at any time.	or this equesting aw consent
Please complete this form and return it to the utility either by:	
☐ Email: billing@sheboyganwater.org	
☐ Mail: Sheboygan Water Utility, 72 Park Ave, Sheboygan, WI 53083	
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.

