CITY OF EVANSVILLE
Consent to Disclose Form

City Hall
31 S. Madison St
PO Box 529
Evansville, WI 53536

Requesting Entity Name: __Evansville Water and Light_____

 Contact Person: ___Marisa Miller or Donna Hammett_____

Mailing Address: __31 S Madison St, PO Box 529, Evansville, WI 53536 _____

Phone: __608-882-2266__ Fax: 608-882-2282_ Email: _marisa.miller@ci.evansville.wi.gov or

donna.hammett@ci.evansville.wi.gov

INFORMATION REQUESTED

The person or entity identified above requests customer information, including billing and usage data related to: electric;   water;   sewer; or   all services provided by the utility. Such information includes your account balance, payment history and total use per billing period. The information provided by the utility may include any other information regarding your account contained in utility records.

Customer Explanation/Need for review:

CUSTOMER'S CONSENT

Your information is treated as private by the utility and can only be disclosed as permitted by Wis. Stat. § 196.137. You are not required to authorize the disclosure of your customer information, and 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 this account and that you authorize the utility to disclose your customer information to the requesting entity listed on this form. This consent is valid until you terminate your service, or withdraw consent by sending a written request with your name and service address to the utility at the address specified at the top of this form. You may terminate this consent at any time.

Please complete this form and return it to the utility by mail, email, or fax as listed above:

CUSTOMER NAME: _____   ACCOUNT NUMBER: _____

SERVICE ADDRESS: _____

SIGNATURE OF CUSTOMER(S): _____   DATE: _____

SIGNATURE OF CUSTOMER(S): _____   DATE: _____

_____

Office Personnel Only

On the date ____ / ___ / ____ the _____ reviewed this account

information and determined: _____

_____

_____

Attest: _____