



Please FAX completed form to:
Austin Energy at (512) 505-4028
If you have questions please call (512) 494-9400



Release of Customer Information Authorization Form

PURPOSE: This Release of Customer Information Authorization Form allows a City of Austin utility 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 or by someone who has legal authority to bind the Account Holder.

AUTHORIZATION: I, _____ (*printed name*), state that I am the City of Austin (“City”) utility services Account Holder and hereby request and authorize the City 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)

_____ Unrestricted: Authorized Party may conduct any transactions and receive any information regarding my utility service account.

_____ Restricted: Authorized Party may do the following: *(check any or all that apply)*

- Receive balance information
- Receive payment history
- Receive billing history and usage information
- Set up payment arrangements
- Set up levelized billing
- Other: _____

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 twelve months from the date of execution of this form.

_____ Date specific-Authorized Party is granted access until _____(date).

_____ Account closes-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 request that the City provide information to the Authorized Party in the format checked below, but I understand the City will provide the information in the format it deems most appropriate.
(check all that apply)

- Hard copy via US Mail (if applicable) _____
- Facsimile to telephone number : _____
- Electronic mail to email address: _____
- Telephone at: _____

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:

- 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 City in writing. I acknowledge I am signing this Authorization under my own free will and not under duress. I certify that the authorized party does not benefit from utilities at the service address listed.

Account Holder's Signature _____ Date: _____

Account Holder's Printed Name _____

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

or Driver's License Number _____

or Tax Identification Number _____

or Other Identification Number _____

Utility Service Address: _____

Utility Service Account Number: _____

Account Holder Daytime Phone Number: _____