AUTHORIZATION TO RELEASE ACCOUNT INFORMATION

Customer information is not released to a third party without written consent from Customer. In an effort to protect your personal account information we require a signed authorization prior to releasing your account information to anyone not listed on your account.

I request and authorize Acton Municipal Utility District to release my account information by mail, fax or phone to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

I authorize the release of my account information, to _____. This authorization will be in effect until it is revoked by me.

Account Holder Signature: _____ Date: _____

Account #: _____ Service Address:_____

Account Holder Date of Birth: _____ Account Holder Phone Number: _____