



City of Dover Customer Release Form

PURPOSE: This Release of Customer Information Authorization Form allows the City of Dover utility to delegate certain rights to an 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 Dover Account Holder and hereby request and authorize the release of my customer account information to the following:

Authorized Party: _____ Last 4 of Social Security #: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

This authorization is valid for: (*Account Holder must initial*)

____ One-time only through _____ (Date) ____ One year period from date of signed authorization

____ Authorized access until _____ (Date) ____ Account closes – access until the utility account is closed.

____ Account holder authorizes the above party to make payment arrangements on my behalf.

____ Account holder authorizes the above party to make account changes on my behalf.

If no time period is specified, authorization will be limited to a one-time authorization
I understand that I may cancel this Authorization at any time by notifying the City in writing.

Account Holder's Signature _____ Date: _____

Account Holder's Printed Name _____

Account Holder's Daytime Phone _____

Utility Account #	Address

Please return the completed and signed form to:
City of Dover - 5 E Reed St - Dover, DE 19901 - Office Hours Mon-Fri 8:30am-5:00pm
Please call 302-736-7035 or Fax 302-736-7193 for assistance.