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: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

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

____ One-time only- Authorized Party is granted access on 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 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