



Customer Authorization to Release Information

By signing this form I expressly authorize Public Utility District No. 1 of Wahkiakum County, Washington to release the personally identifying information listed below to a third party identified below.

Personally Identifying Information:

Account Number: _____

Account Holder: _____

Service Address: _____

Phone Number: _____

I authorize the release of my customer data as follows:

The type of data to be released (i.e. usage and/or payment history, etc.) and the period in which the data covers (e.g. from January 2014 through December 2014) is described below:

Account number and current balances

Name of Recipient/Agency/Business: Wahkiakum County Health & Human Services

Manner in which data should be provided (select one):

Customer Pick Up _____

Mailing Address: _____

Fax Number: _____

E-mail Address: pattersonk@co.wahkiakum.wa.us

(Professional agency E-mail address responses only)

Date(s) in which this release is in effect: _____

This data release is at the request of, and on behalf of the Public Utility District No. 1 of Wahkiakum County, Washington customer listed above, and as such, I agree to release and hold harmless Public Utility District No. 1 of Wahkiakum County, Washington from any liability, claims, demands, causes of action, damages or expenses resulting from: 1) any release of information to the recipient noted above; 2) the unauthorized use of this information or data; and 3) from any actions taken by the recipient with respect to such information or data.

Account Holder Signature: _____ Date: _____

The mission of Public Utility District No. 1 of Wahkiakum County is to provide the most reliable electric and water service at the most reasonable cost along with quality customer service to the District's ratepayers. This institution is an equal opportunity provider and employer.