

Authorization to Receive Customer Information or Act on a Customer's Behalf

The Authorization for Release of Customer Information is an form that was developed to permit account holders to specifically delegate certain rights to third parties concerning Shakopee Public Utility (SPU) account(s). The customer of record may permit a third party to receive information or transact business on his or her behalf.

Completed forms should be mailed to:

Shakopee Public Utilities
Customer Service Coordinator
PO Box 470
255 Sarazin Street
Shakopee, MN 55379-0470

Or forms may also be faxed to:

(952)445-7767

Please keep a copy of the completed authorization form(s) for your records.



Shakopee Public Utilities

AUTHORIZATION FOR RELEASE OF CUSTOMER INFORMATION

I, _____, am a customer of Shakopee Public Utilities maintaining an electric and/or water account in my name at:

STREET ADDRESS

CITY

ZIP CODE

My SPU Account Number(s) _____

By my signature below, I authorize Shakopee Public Utilities to release any and all oral and written information about my utility account(s) to the following person(s), agency or company:

NAME OF PERSON(S), AGENCY OR COMPANY

STREET ADDRESS / PO BOX

CITY

ZIP CODE

PHONE NO.

I understand and agree that this authorization includes the release and discussion of all information concerning this account, to a third party. Including but not limited to the billing and payment history. I hold Shakopee Public Utilities, their employees, officers, and agents harmless from all liability which may arise from information which is released as a result of this Authorization. I understand that I may cancel this authorization at any time by submitting a written request.

CUSTOMER'S PRINTED NAME

CUSTOMER'S SIGNATURE

DATE