



PERMISSION TO DISCLOSE BILLING INFORMATION AND ALLOW TRANSFERENCE OF SERVICE

CITY COMMISSION

JOHN DOLL, Mayor

ROY CESSNA

DAVID D. CRASE

DAN FANKHAUSER

CHRIS LAW

CUSTOMER NAME

ACCOUNT#

1. I authorize City of Garden City, to discuss or release information identified in paragraph 2, below, to the following individuals.

NAME(S) OF AUTHORIZED PERSON(S), RELATIONSHIP TO ABOVE CUSTOMER, & SS#

2. I authorize City of Garden City to discuss or release information necessary to process or respond to billing information, request to transfer service with the City of Garden City, and I acknowledge that the information released may include individually identifiable financial information.

3. This authorization is being made at my request

4. In signing this authorization, I understand and acknowledge the following:

I understand that this authorization is voluntary and that I may refuse to sign it.

I understand I may revoke this authorization at any time by notifying City of Garden City in writing of my intent to revoke this authorization, except to the extent action has been taken in reliance on this authorization.

I understand that once the disclosures authorized herein have been made, the information disclosed may be subject to re-disclosure by any recipient and no longer protected by federal privacy laws.

I, the undersigned, do hereby swear that I am the above-mentioned customer or an authorized legal representative of the above mentioned customer.

I have read and understand the above information.

Signature of Customer

Date

MATTHEW C. ALLEN City Manager

MELINDA A. HITZ, CPA Finance Director

RANDALL D. GRISELL City Counselor

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