



# Authorization to Receive Customer Information

THIS IS A LEGALLY BINDING CONTRACT. PLEASE READ CAREFULLY.

*(Please print or type)*

I, \_\_\_\_\_ of the account in the  
NAME TITLE (IF APPLICABLE)  
name of \_\_\_\_\_ (Customer) have the following mailing address  
NAME OF CUSTOMER OF RECORD

\_\_\_\_\_, and do hereby appoint  
MAILING ADDRESS CITY STATE ZIP

\_\_\_\_\_ of \_\_\_\_\_  
NAME OF THIRD PARTY MAILING ADDRESS  
CITY STATE ZIP

to act as my consultant (Agent) to receive customer information for the listed account(s) and in the categories indicated below:

### ACCOUNTS INCLUDED IN THIS AUTHORIZATION:

1. \_\_\_\_\_  
SERVICE ADDRESS CITY SERVICE ACCOUNT NUMBER
2. \_\_\_\_\_  
SERVICE ADDRESS CITY SERVICE ACCOUNT NUMBER
3. \_\_\_\_\_  
SERVICE ADDRESS CITY SERVICE ACCOUNT NUMBER

(For more than three accounts, please list additional accounts on a separate sheet and attach it to this form.)

**INFORMATION, ACTS, AND FUNCTIONS AUTHORIZED** - This authorization provides authority to the Agent. The Agent must thereafter provide specific written instructions/requests to the East Bay Municipal Utility District (e-mail is acceptable) about the particular account(s) before any information is released or action is taken. Requests for information may be limited to the most recent 24 month period.

I (Customer) authorize the release of my account information and authorize my Agent to act on my behalf on the following basis: \* (initial all applicable boxes):

- 1. Request and receive all water meter usage data for all of my account(s), as specified herein.
  - 2. Request and receive billing records and billing history, used for bill calculation for all of my account(s), as specified herein.
  - 3. One time authorization only (limited to a one-time request for information and/or the acts and functions specified herein).
  - 4. One year authorization - Requests for information and/or the acts and functions specified above will be accepted and processed each requested billing or meter reading cycle within the twelve month period from the date of execution of this Authorization.
  - 5. Authorization is given for the period commencing with the date of execution until \_\_\_\_\_ (Limited duration to two years from the date of execution.) Requests for information and/or for the acts and functions specified above will be accepted and processed at the frequency requested below within the Authorization period specified herein.
- Frequency:** Billing Cycle  Quarterly  Semi-Annual  Annual

\* If no time period is specified, authorization will be limited to a one-time authorization.





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## RELEASE OF ACCOUNT INFORMATION

EBMUD will provide the information requested, to the extent available, via one of the following. My (Agent) preferred format is (check all that apply):

- Hard copy via U.S. mail (if applicable).
- Fax at this telephone number: \_\_\_\_\_.
- Electronic format via electronic mail (if applicable) to this e-mail address: \_\_\_\_\_.

I (Customer), \_\_\_\_\_ (print name of authorized signatory), declare under penalty of perjury under the laws of the State of California, that I am authorized to execute this document on behalf of the Customer of Record listed at the top of this form and that I have authority to financially bind the Customer of Record. I further certify that my Agent has authority to act on my behalf and request the release of information for the accounts listed on this form and perform the specific acts and functions listed above. I understand EBMUD reserves the right to verify any authorization request submitted before releasing information or taking any action on my behalf. I authorize EBMUD to release the requested information on my account or facilities to the above Agent who is acting on my behalf regarding the matters listed above. I hereby release, hold harmless, and indemnify EBMUD from any liability, claims, demands, causes of action, damages, or expenses resulting from, or relation to: 1) any release of information to my Agent pursuant to this Authorization; 2) the unauthorized use of this information by my Agent; and 3) from any actions taken by my Agent pursuant to this Authorization. I understand that I may cancel this authorization at any time by submitting a written request. **This form must be signed by someone who has authority to financially bind the customer (for example, company CFO, City Manager, owner, landlord, property manager, etc.).**

\_\_\_\_\_  
 PRINT NAME AUTHORIZED CUSTOMER SIGNATURE TELEPHONE NUMBER

Executed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_  
 MONTH YEAR CITY AND STATE WHERE EXECUTED

I (Agent), hereby release, hold harmless, and indemnify EBMUD from any liability, claims, demand, causes of action, damages, or expenses resulting from the use of customer information obtained pursuant to this Authorization and from the taking of any action pursuant to this Authorization, including rate changes.

\_\_\_\_\_  
 PRINT NAME AGENT SIGNATURE TELEPHONE NUMBER

\_\_\_\_\_  
 COMPANY

Executed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_  
 MONTH YEAR CITY AND STATE WHERE EXECUTED

Completed and signed form should be sent using the following options:

- Scan, then email:** waterconservation@ebmud.com
- Fax:** (510) 287-1883
- Mail:** EBMUD, Water Conservation, P.O. Box 24055, MS 109, Oakland, CA 94623

