

Authorization to receive customer information

THIS IS A LEGALLY BINDING CONTRACT, PLEASE READ CAREFULLY

I, _____ of the account in the name of
NAME TITLE (IF APPLICABLE)

(Customer) have the following mailing address

NAME OF CUSTOMER OF RECORD

and do hereby appoint

MAILING ADDRESS CITY STATE ZIP

with the mailing address of

NAME OF THIRD PARTY TITLE (IF APPLICABLE)

to act as my consultant (Agent)

MAILING ADDRESS CITY STATE ZIP

to receive customer consumption information for the listed account(s) as 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 one-time 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 5 year period.

I (Customer) authorize the one-time release of water meter usage data to my Agent for the following period (choose one):

1. The most recent 5 years.
2. For the period from _____ to _____

My Agent preferred format is:

- Hard Copy via U.S. mail
- Email: _____



Authorization to receive customer information (continued)

RELEASE OF ACCOUNT INFORMATION

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 _____ PHONE NUMBER _____

Executed on _____ **at** _____
Date (month/day/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 _____ PHONE NUMBER _____

Executed on _____ **at** _____
Date (month/day/year) CITY AND STATE WHERE EXECUTED

Complete, sign, and send form using the following options:

Email: waterconservation@ebmud.com

Mail: EBMUD, Water Conservation, P.O. Box 24055, MS 109, Oakland, CA 94623



| Water Conservation |

| 1-866-403-2683
www.ebmud.com/watersmart