



MANITOWOC PUBLIC UTILITIES

1303 South 8th Street P.O. Box 1090 Manitowoc, WI 54221-1090 920-683-4600 FAX 920-686-4315 www.mpu.org

CONSENT TO DISCLOSE UTILITY CUSTOMER INFORMATION

This form was prepared by the Public Service Commission of Wisconsin as required by Wis. Stat. § 196.137 (4)

Requesting Entity Name (if applicable) _____
Contact Person _____
Mailing Address _____
Phone (____) _____ Fax (____) _____ Email _____

INFORMATION REQUESTED

The person or entity identified above requests customer information, including billing and usage data related to: electric; gas; water; or all services provided by the utility. Such information includes your account balance, payment history and total use per billing period. The information provided by the utility may include any other information regarding your account contained in utility records.

CUSTOMER CONSENT

Your information is treated as private by the utility and can only be disclosed as permitted by Wis. Stat. §196.137. You are not required to authorize the disclosure of your customer information, and your decision not to authorize the disclosure will not affect your utility service.

By signing this form you acknowledge and agree that you are the customer(s) of record for this account and that you authorize the utility to disclose your customer information to the requesting entity listed on this form. This consent is valid until you terminate your service, or withdraw consent by sending a written request with your name and service address to the utility at the address specified at the top of this form. You may terminate this consent at any time.

Please complete this form and return it to the utility either by:

- Email: mpucustomerservice@mpu.org
- Fax: (920) 686-4315
- In person or by mail to: 1303 S 8th Street, Manitowoc, WI 54220

CUSTOMER ACCOUNT NUMBER _____

SERVICE ADDRESS _____

PRINTED CUSTOMER(S) NAME _____

I hereby authorize MPU to release account information to the Authorized Recipient. I verify that I am the customer of record for this property,

SIGNATURE OF CUSTOMER(S) _____ DATE SIGNED _____

Please complete separate consent forms for each utility account