

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).

Village of Weston, Wisconsin

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 water services provided by the utility department. Such information includes your account balance, payment history and total use per billing period. The information provided by the utility department may include any other information regarding your account contained in utility records.

CUSTOMER'S 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 department 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 either in person, email, mail, or FAX.

Village of Weston sgilmeister@westonwi.gov OR schibeya@westonwi.gov
4747 Camp Phillips Rd
Weston, WI 54476 Fax: 715-359-6117

ACCOUNT HOLDER FILL OUT PORTION BELOW:

CUSTOMER ACCOUNT NUMBER _____

SERVICE ADDRESS _____

PRINTED CUSTOMER(S) NAME _____

SIGNATURE OF CUSTOMER(S) _____

DATE SIGNED _____ CUSTOMER PHONE NUMBER (____) _____

Please complete separate consent forms for each utility account.