

# CITY OF WASECA CONSENT TO RELEASE UTILITY INFORMATION

**Name of Utility Customer:** \_\_\_\_\_

**Service address:** \_\_\_\_\_

**Information to be released to:** \_\_\_\_\_

I certify that I am the authorized Waseca Utilities account holder of the property listed above in Waseca, Minnesota. I hereby authorize the City of Waseca to release any and all information regarding utility use, billing and payment history, or related matters to the individual or agency named above. I understand that such information may be classified as private data by Minnesota Statute 13.685 and I authorize the City of Waseca to provide such data to the party specified in this release. This release shall be good for a period of twelve (12) months from the date it is signed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY

Received by: \_\_\_\_\_ Date: \_\_\_\_\_