



Fitchburg Utilities  
5520 Lacy Rd  
Fitchburg, WI 53711  
608-270-4270

CONSENT TO DISCLOSE UTILITY CUSTOMER INFORMATION

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 utility services provided by Fitchburg Utilities. 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'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 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:** Kim.Hauge@fitchburgwi.gov
- **Fax:** (608)270-4212
- **Mail:** Fitchburg Utilities, 5520 Lacy Rd, Fitchburg WI 53711

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.***