



Customer Authorization to Release Information

Customer Service Department
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 Aberdeen, WA 98520
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 FAX: (360)538-6400
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In order for Grays Harbor PUD to release private customer information to a third party, the customer must complete this release in its entirety. The person signing this release **must be the customer listed as current account holder on record** in the PUD's Customer Information System in order to authorize this release.

Customer Name: _____ Phone: _____ Email: _____

Mailing Address: _____

Type of Data to be released: (check all that apply)

- Usage or payment history
 Balance, due dates
 Turn power on or off in my name
 Mailing address changes
 Make payment arrangements

AUTHORIZED ACCOUNTS

Account Number	Service Address

AUTHORIZED PARTIES

Person(s) or Agency Name	Phone Number

This authorization is in effect until:

- I provide verbal or written notice of discontinuation of authorization.
 From _____ to _____ .
Date Date

This release of information and data is at the request of, and on behalf of, the customer listed above. The customer agrees to release, indemnify, defend and hold harmless Grays Harbor PUD from any liability, claims, demands, causes of action, damages or expenses resulting from: 1. Any release of information or data to the recipient(s) noted above; 2. The unauthorization of this information or data; and 3. Any actions taken by the recipient(s) with respect to such information or date.

_____ Date

Customer Signature