



**Pecan Street Inc.**

Please return completed form to Pecan Street Project at: [participate@pecanstreetproject.org](mailto:participate@pecanstreetproject.org)  
Or mail your form to:

Pecan Street Project 3925 W. Braker Lane Austin, TX 78759

If you have questions please call (512) 782-9213

## Release of Customer Information Authorization Form

**PURPOSE:** This Release of Customer Information Authorization Form allows a City of Austin utility account holder (“Account Holder”) to delegate certain rights to an authorized party (“Authorized Party”) concerning Account Holder’s service(s), including authorizing receipt of confidential customer account information. **This form must be completed in its entirety and signed by the Account Holder, the person to whom utility bills are addressed.**

**AUTHORIZATION:** I, \_\_\_\_\_ (*printed name*), state that I am the City of Austin (“City”) utility services Account Holder and hereby request and authorize the City to release information about my electric and water consumption to:

Authorized Party:	<b>Pecan Street Project</b>
Address:	<b>3925 W. Braker Lane, Austin, TX 78759</b>
Phone Number:	<b>(512) 782-9213</b>
Email Address:	<b>info@pecanstreetproject.org</b>

The scope of access to my account information is restricted to **electric and water consumption data**.

This authorization is valid until **12/31/2015**.

I request that the City provide information to the Authorized Party via electronic mail to **info@pecanstreetproject.org**, but I understand the City will provide the information in the format it deems most appropriate.

I understand that this Authorization does not require the City to release information, and the City retains the right to verify any authorization request submitted before releasing information or taking any action.

I hereby release, hold harmless, and indemnify the City from any liability, claims, demands, and causes of action, damages, or expenses resulting from any release of information pursuant to this Authorization, any unauthorized use of this information by the Authorized Party; and/or any actions taken by the Authorized Party pursuant to this Authorization.

**I understand that I may cancel this Authorization at any time by notifying the City in writing. I acknowledge I am signing this Authorization under my own free will and not under duress.**

Account Holder’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Utility Service Address: \_\_\_\_\_

Utility Service Account Number: \_\_\_\_\_

Account Holder’s Daytime Phone Number: \_\_\_\_\_

Account Holder’s Identification: Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**or** Driver’s License Number \_\_\_\_\_

**or** Other Identification Number \_\_\_\_\_