



STATE OF TEXAS §
COUNTY OF LUBBOCK §

AUTHORIZATION FOR RELEASE OF CUSTOMER INFORMATION

I, \_\_\_\_\_, authorize City of Lubbock Utilities (CoLU) to release my customer information to \_\_\_\_\_ including, but not limited to my name, address, account number, type or classification of service, historical electricity usage, historical water usage, expected patterns of use, types of facilities used in providing service, individual contract terms and conditions, price, current charges, billing records, or any other information regarding my utility account(s) with CoLU.

I understand that if I had previously requested that this information be held confidential under §182.052 of the Texas Utility Code, or any other applicable statute, by signing this authorization, I am rescinding that request in so far as it applies to the above named party. I understand that if I change my mind and desire to keep my customer information confidential as to this particular party, I shall notify CoLU and request, in writing, that CoLU keep my customer information confidential.

I further understand that by signing this authorization, I hereby release, acquit, and forever discharge CoLU from any and all claims, demands, damages, attorney's fees, costs, causes of action of whatsoever kind or nature, whether statutorily provided or otherwise, arising out of the release of my customer information by CoLU to the above named party, or arising out of any intentional or unintentional use, misuse, theft, or improper use of my customer information by the above named party.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Name on Account (typed or printed) Customer's Signature
Customer ID Number (first 7 digits of CoLU Account #) Service Address
Daytime Phone Number (area code) xxx-xxxx City State Zip
Driver License or other ID (specify) State

Witness Statement

I hereby represent and warrant that the individual named above as customer presented to me at the time of signing this release valid identification confirming to me that they are the person whose signature appears on this release and they further signed this release in my presence.

Witness Name (print or type) Witness Signature
Witness Mailing Address City State Zip

Print and mail to: City of Lubbock Utilities, P.O. Box 10541, Lubbock, TX 79408-3549; or FAX to: 806-741-1069