

UTILITY ACCOUNT INFORMATION RELEASE FORM

I, the undersigned owner/renter, hereby consent to and authorize Sioux Center Municipal Utilities to disclose **HISTORICAL** utility account information to:

I understand that the information may include consumption, cost, and payment history. This request will remain in effect on this account until you provide written notification to Sioux Center Municipal Utilities to remove it from this account.

I am aware, that without this authorization, my utility customer data as defined in Iowa Code section 388.9A constitutes “private data on individuals or nonpublic data,” as those terms are, and is otherwise protected from disclosure by above mentioned code section.

Utility Account Holder _____

Account # _____

Service Address _____

Signature _____ Date _____

CITY OF SIOUX CENTER
335 1ST AVE NW
SIOUX CENTER IA 51250



Phone (712) 722-0761
Fax (712) 722-0760
www.siouxcenter.org