



## **CUSTOMER CONSENT FORM**

Effective July 16, 2013, per 2013 Wisconsin Act 25, municipal utility customer information may not be released except to the customer or their authorized representative. The account number is required to access information or to make a payment. If you do not know the account number, you will be asked to verify that you are the customer for the property in question. This consent form grants Fox Crossing Utilities authority to release account information to your authorized representative.

## To the Customer, please complete this form to grant other individuals access to the account(s) indicated and return it to Fox Crossing Utility:

- Fax: (920) 720-7116
- Email: finance@foxcrossingwi.gov
- By mail or in person to Village of Fox Crossing, 2000 Municipal Drive, Neenah, WI 54956 Monday-Friday, 8:00 a.m. – 4:30 p.m.
- Telephone: (920) 720-7106

Customer Full Name				
Customer Phone No				
Fox Crossing Utilities Accour	t No			
Property Address ( <i>If more than one address will be a</i> Full Name of Authorized Cor	uthorized, attach a separate l	listing of each account num	ber and property addres	
Authorized Contact's Phone	No			
I verify that I am the custon account information to my a	• • •		rossing Utilities aut	hority to release
Signature of Customer (Mu	st be signed by the Cust		Date	
INTERNAL PROCESSING To Date Received CSR Initials		-		

## THIS CONSENT IS GOOD FOR 60 DAYS FROM DATE SIGNED