



## Utility Information Release Authorization Form

### Emergency Rental Assistance Tuscaloosa County Program

Please submit one form for each utility for which you are applying for assistance:

Utility Type	Check Applicable Box
Power	
Water, Sewer, and Trash	
Natural Gas	
Waste Services	
Internet	
Other	

By signing this form, I authorize the utility provider to release my historical and future utility bills, account information (such as but not limited to name, service address, account number, balance, payment history) and other information concerning or related to energy consumption and costs to all the agencies/persons listed on this form ("Authorized Parties").

I understand and agree that the utility information released may be compiled and analyzed (both on an individual household and combined basis) by one or more of the Authorized Parties. I further understand and agree that the utility information released, as well as any statistical or other analysis may be released by the Authorized Parties to a third party for reporting purposes related to assistance received, and no information released shall be made public in such a manner that my dwelling or my household occupants can be identified.

I further agree to release and hold harmless the above-named utility provider(s) from: (i) any claims, damages, liability or expenses resulting from the use or disclosure of information based on this Authorization; (ii) the unauthorized use or disclosure of the information by any of the Authorized Parties; and (iii) any actions taken by any of the Authorized Parties based on this Authorization.

Authorized Parties: Emergency Rental Assistance Tuscaloosa County Program

Provider: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Name of agency determining assistance: Emergency Rental Assistance Tuscaloosa County

Signature of Account Holder/Customer of Record: \_\_\_\_\_

Print Name Account Holder/Customer of Record: \_\_\_\_\_

Signature of Joint Account Holder/Customer of Record: \_\_\_\_\_

Print Joint Account Holder/Customer of Record: \_\_\_\_\_

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

Date: \_\_\_\_\_