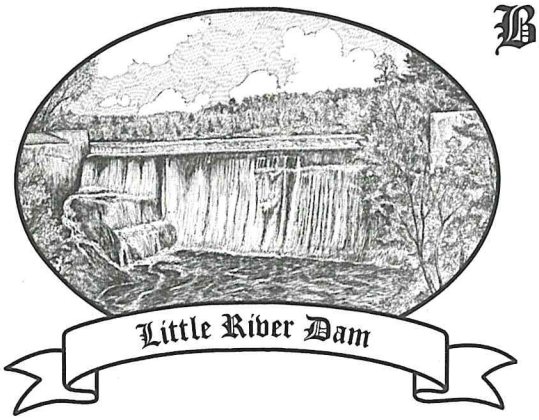

Belfast Water District

41 Wight Street
P.O. Box 506
Belfast, Maine 04915-0506

www.belfastwater.org
email: info@belfastwater.org

TEL 207-338-1200
FAX 207-338-0444

Customer Authorization to Release Water Service Account Information

Customer Name: _____

Service Address: _____

Request: _____

Effective Date: _____

I hereby give permission to have the requested information released to _____ relating to utilities at the service address as indicated above. A copy of this authorization may be accepted as an original.

_____
Customer Printed Name

_____ _____
Customer Signature Date

Please forward requested information to:

Requesting Office/Company/Agent: _____

Address: _____

Phone #: _____ Fax #: _____

E-mail: _____

For Requesting Office/Company/Agent Named Requesting Information

☐ I hereby certify that the information provided on the form is true and accurate to the best of my knowledge and belief.

_____ _____
Signature Date