

**City of Rensselaer Municipal Utilities
Letter of Referral
Authorization to Disclosure Account Information**

Customer,

This letter is being provided to assist in evaluating your request for a Waiver of Deposit from your current utility provider. With the completion of the top half of this letter, you are authorizing The City of Rensselaer Municipal Utilities to release your information. Complete the top half of this letter, sign and forward to The Rensselaer Utility Office, P. O. Box 280, 124 S. Van Rensselaer Street, Rensselaer, IN 47978 at your earliest convenience. Upon completion, we will forward this letter to your new utility provider.

Customer Name: _____

City of Rensselaer Account # _____ - _____ - _____

Rensselaer Address: _____

Utility Provider Requesting Information:

Name: _____

Address: _____

Acct. No. _____

I, the above named customer, authorize the release of my Rensselaer account information to my current utility provider. The information is required by my new provider in evaluating my request of Waiver of Deposit. Please provide the requested information and forward to the above named utility provider. Thank You.

Customer Signature

Date

[To Be Completed by The City of Rensselaer]

- | | | |
|---|------------------------------|-----------------------------|
| 1. Does the applicant owe an outstanding bill? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Is this the final bill? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Was applicant delinquent in paying bills more than twice during the last 12 consecutive months or more than once if service was for less than 12 months? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Has the applicant been disconnected within the last 2 years for non payment of a bill for services provided by The Rensselaer Municipal Utilities? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Completed By: _____

Position: _____

Date: _____