

CITY OF CHOWCHILLA CALIFORNIA



THIRD PARTY NOTIFICATION AUTHORIZATION

Customer Name

Account Number

I, _____, authorize the City of Chowchilla,
to release information regarding my utilities account to the following individuals:

NAME	ADDRESS	RELATIONSHIP	TELEPHONE

Customer Signature

Date

I understand, as a third party authorized agent of the account holder, that I am not responsible for the bill nor can I make changes to the account. I may inquire the status and receive information regarding the account at any time.

Authorized Agent

Date

Authorized Agent

Date

Authorized Agent

Date