



ALGOMA UTILITIES

People you know. Service you trust, since 1904.

1407 Flora Avenue Algoma, WI 54201-1796 (920) 487-5556 FAX (920)487-5559

www.algomautilities.com

CONSENT TO DISCLOSE CUSTOMER INFORMATION

This form was prepared by the Public Service Commission of Wisconsin as required by Wis. Stat. § 196.137(4).

CUSTOMER(S) NAME _____

CUSTOMER ACCOUNT NUMBER _____

SERVICE ADDRESS _____

CUSTOMER'S CONSENT

Your information is treated as private by the utility and can only be disclosed as permitted by Wisconsin State Statute § 196.137. You are not required to authorize the disclosure of your customer information, and your decision not to authorize the disclosure will not affect your utility service.

By signing this form you acknowledge and agree that you are the customer(s) of record for this account and that you authorize the utility to disclose your customer information to the requesting party listed on this form. This consent is valid until you terminate your service, or withdraw consent by sending a written request with your name and service address to the utility at the address specified at the top of this form. You may terminate this consent at any time.

INFORMATION REQUESTED (Please make a selection from choices bolded below.)

The person or entity identified below requests customer information, including billing and usage data related to: **electric**; **water**; **sewer**, or **all services** provided by the utility. Such information may include account balance, payment history and total use per billing period. The information provided by the utility may include any other information regarding your account contained in utility records.

Requesting Party _____

Contact Person _____

Mailing Address _____

Phone (____) _____ Fax (____) _____ Email _____

Please complete this form and return it to Algoma Utilities either by:

- Email: algomautilities@wppienergy.org
- Fax: (920) 487-5559
- Mail: 1407 Flora Ave., Algoma WI 54201

SIGNATURE OF CUSTOMER(S) _____

DATE SIGNED _____ CUSTOMER PHONE NUMBER (____) _____

Please complete separate consent forms for each utility account.