



# CUSTOMER AUTHORIZATION

## To Permit Use and Disclosure of Utility Account Information

235 Government Center Dr.  
Wilmington, NC 28403

Ph# 910-332-6550  
Fax #: 910-332-6352

This form is used to authorize release of utility account information otherwise protected by the North Carolina General Statutes Section 132-1.1 (c). A public utility subject to the privacy law may not use or disclose customer utility account information unless: (1) information will be useful to stakeholders in making informed decisions regarding bonds and other investment vehicles; (2) information that is necessary to maintain the integrity and quality of services; OR (3) necessary to assist in provision of public safety or other official duty.

\_\_\_\_\_  
CUSTOMER'S NAME

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
LAST 4 OF SS #

\_\_\_\_\_  
SERVICE ADDRESS

\_\_\_\_\_  
ACCOUNT NUMBER

I AM EITHER THE CUSTOMER NAMED ABOVE OR THE CUSTOMER'S LEGALLY AUTHORIZED REPRESENTATIVE. BY SIGNING THIS FORM, I AUTHORIZE THE CAPE FEAR PUBLIC UTILITY AUTHORITY TO USE OR DISCLOSE PROTECTED UTILITY ACCOUNT INFORMATION.

\_\_\_\_\_  
AUTHORIZED PERSON

\_\_\_\_\_  
LAST 4 OF SS #

\_\_\_\_\_  
PHONE #

IF I WANT TO REVOKE THIS AUTHORIZATION, I MUST DO SO IN WRITING AND DELIVER TO CFPUA CUSTOMER SERVICE DEPARTMENT. I UNDERSTAND THIS WILL NOT IMPACT ANY INFORMATION RELEASED PRIOR TO CFPUA'S RECEIPT OF THE REVOCATION.

I UNDERSTAND THAT I MAY REFUSE TO SIGN THIS AUTHORIZATION. I ALSO UNDERSTAND THAT CAPE FEAR PUBLIC UTILITY AUTHORITY CANNOT DENY OR REFUSE TO PROVIDE UTILITY SERVICES IF I REFUSE TO SIGN THIS AUTHORIZATION.

I UNDERSTAND THAT, ONCE INFORMATION IS DISCLOSED PURSUANT TO THIS AUTHORIZATION, IT IS POSSIBLE THAT IT WILL NO LONGER BE PROTECTED BY THE NORTH CAROLINA GENERAL STATUTES SECTION 132-1 PRIVACY LAW AND COULD BE RE-DISCLOSED BY THE PERSON OR AGENCY THAT RECEIVES IT.

I have read and understand the information in this authorization form.

Signature of Customer or Authorized Representative: \_\_\_\_\_

**\*\*Please print to sign or apply electronic signature.\*\***

Printed Name of Customer or Authorized Representative: \_\_\_\_\_

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

If not customer, please explain Representatives authority to act on behalf of the customer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_