THE CITY OF
DOWAGIAC

CREATING TOMORROW

Date: _____

Customer Name: _____
Service Address: _____
Service City, State, Zip: _____

Account Number: _____

I hereby consent and authorize the City of Dowagiac Utility Department, on my behalf, to notify the following designated person(s) and/or property owner to receive my account information as indicated:

Billing	**Disconnect Notice**	**Authorized Third Party**
☐	☐	Name: _____ Relationship to Customer: _____ Mailing Address: _____ _____
☐	☐	Name: _____ Relationship to Customer: _____ Mailing Address: _____ _____

This authorization and consent will become void upon my notification to the Dowagiac Utility Department to terminate, or, upon my vacating this service address.

Customer Signature_____

Driver's License Number:_____ ☐ Verified ____

Social Security Number:_____ ☐ Verified ____

Phone Number:_____ ☐ Verified ____

(Third Party-Billing Copy)