



BARGERSVILLE UTILITIES

P.O. Box 420

Office: 317-422-5115

Bargersville, IN 46106

Fax: 317-422-5117 or -3743

www.townofbargersville.org

AUTHORIZATION TO DISCLOSE ACCOUNT INFORMATION
ALL INFORMATION MUST BE COMPLETED

CUSTOMER: Please complete the top portion of this letter, sign and forward to your utility company. Thank you.

Date: _____

Please type or print:

Customer Name(s): _____

New Street Address: _____

City, State Zip: _____

Home Phone #: _____ Work Phone #: _____

Previous Utility: _____

Utility Address: _____

City, State Zip: _____

Phone #: _____ Fax #: _____

Customer's Previous Address: _____

City, State Zip _____

Account # _____

By signing below, I, the above-named customer, authorize the release of information requested below. Thank you.

Signature(s):

Customer Signature: _____ Date: _____

Customer Signature: _____ Date: _____

Note: Information on your Rights and Responsibilities are available online at http://www.townofbargersville.org/Utility_Forms.htm and clicking on the Rights and Responsibilities pamphlet link, and/or upon request.

TO BE COMPLETED BY REPORTING UTILITY

Length of Service: From _____ To _____

Final Bill Paid: Yes No

Numbers of payments received after due date in a twelve (12) month period: _____

Was service disconnected for non-payment in the last two (2) years: Yes No

Completed by: _____ Date: _____

Title: _____ Phone #: _____