

ADRIAN PUBLIC UTILITIES
209 Maine Avenue, Suite 106
PO Box 190
Adrian, MN 56110

AUTHORIZATION TO RELEASE CREDIT INFORMATION

I, _____, do hereby authorize the Adrian Public Utilities to release the credit information on file for my account at _____, Adrian, MN. This credit information is to forwarded to _____

(Signature)

(Date)

******* FOR OFFICE USE ONLY *******

Date customer obtained service from the Adrian Public Utilities: _____

Number of times service was discontinued for non-payment during the past year: _____

Number of times customer paid late during the past year: _____

Final bill paid? yes no

Additional remarks: _____

Signature of City Hall staff

Title

Date