



POLICY STATEMENT FOR RELEASE OF PERSONAL INFORMATION

If a history of the customer’s account is requested, a History Release Form signed by the customer shall be collected at the time of issuance of each requested account history.

History Release Form

I, _____, do hereby authorize the City of Fort Morgan to release and make available to:

As my designated representative, C.R/S/24-72-202(4), the history of my account for utilities at _____

(service address). This authorization will be in effect until I properly notify the City Utility Billing Office.

Signature: _____

Date: _____