Authorization to Receive Customer Information or Act on a Customer's Behalf

The Authorization for Release of Customer Information is a form that was developed to permit account holders to specifically delegate certain rights to third parties concerning Shakopee Public Utility (SPU) account(s). The customer of record may permit a third party to receive information or transact business on his or her behalf.

Completed forms should be mailed to:

Shakopee Public Utilities
Customer Service Coordinator
PO Box 470
255 Sarazin Street
Shakopee, MN 55379-0470

Or forms may also be faxed to:

(952)445-7767

Please keep a copy of the completed authorization form(s) for your records.

Shakopee Public Utilities

AUTHORIZATION FOR RELEASE OF CUSTOMER INFORMATION

I, _____, am a customer of Shakopee Public Utilities maintaining an electric and/or water account in my name at:

_____
STREET ADDRESS

_____
CITY ZIP CODE

My SPU Account Number(s) _____

_____

By my signature below, I authorize Shakopee Public Utilities to release any and all oral and written information about my utility account(s) to the following person(s), agency or company:

_____
NAME OF PERSON(S), AGENCY OR COMPANY

_____
STREET ADDRESS / PO BOX

_____
CITY ZIP CODE PHONE NO.

I understand and agree that this authorization includes the release and discussion of all information concerning this account, to a third party. Including but not limited to the billing and payment history. I hold Shakopee Public Utilities, their employees, officers, and agents harmless from all liability which may arise from information which is released as a result of this Authorization. I understand that I may cancel this authorization at any time by submitting a written request.

_____
CUSTOMER'S PRINTED NAME

_____
CUSTOMER'S SIGNATURE

_____
DATE

Form CS07-01