



CONSENT FORM – Title Company/Realtor/Property Mgmt/Third Party Agents

Please complete the information below and return this form for processing. Methods of Acceptance:

- Fax: (262)-242-9655
- Email: Utilityclerk@ci.mequon.wi.us
- By mail or in person at City of Mequon, Finance Department, 11333 N Cedarburg Rd, Mequon, WI 53092

I the undersigned owner tenant of the City of Mequon, hereby authorizes the City of Mequon to disclose to the person or entity indicated below, **Municipal Utility Customer Information**, as defined in Section 196.137 of the Wisconsin Statutes.

Customer Name: _____ (Please print)

Tax Key Number: _____ Or Customer Utility Account #: _____

Service Address: _____

Person/Entity, to whom disclosure is authorized:

This authorization is intended to comply with the provisions of 2013 Wisconsin Act 25, creating and enacting Section 196.137 of the Wisconsin Statutes, providing a prohibition on the release of municipal utility customer information except with consent of the customer.

This authorization is voluntary. Upon request by the customer to the person or entity seeking disclosure, customer has the right to inspect or receive a copy of the information disclosed pursuant to this authorization form. Customer has a right to receive a copy of this authorization. A copy of this form shall be as effective as the original.

I understand I may revoke this authorization, in writing, at any time except for information already released as a result of this authorization. The written revocation must be given to the City of Mequon Municipal Utility. This authorization will otherwise expire in 90 days.

I have had an opportunity to review and understand the content of this authorization form. By signing this authorization, I am confirming that it accurately reflects my wishes.

Signature of Customer

Date