

Hibbing Public Utilities

PO Box 249
1902 E 6TH Avenue
Hibbing MN 55746

218-262-7717 Phone - 218-262-7733 Fax

RELEASE OF UTILITY INFORMATION

In order for the Hibbing Public Utilities (HPU) to discuss your account with someone other than you or your spouse, (such as a friend, relative, church group, or community agency) you need to sign this *Release*. The party named **is not** responsible for the payment of your bill, but will allow our Office to discuss your account with the party named on the *Release*.

If you want another party to be able to discuss your account with us, please complete this form and return it to the attention of the *Head Cashier – Cashier's Office* at the address shown above.

This request will remain in effect on this account until you provide written notification to this Office to remove it from this account.

Date: _____
Utility Account No: _____
(complete one form for each account)
Customer Name: (please print) _____
Service Address: _____
Mailing Address: (if different) _____
Day Phone: _____ Home Phone: _____
Driver's License or Minnesota ID#: _____

By signing below I verify that I am the Customer responsible for payment of the charges on the above account and give my permission to the HPU to discuss any and all activity on my account and utility use to the following:

(check all that apply)

- Arrowhead Economic Opportunity Agency
- St. Louis County Social Services
- Salvation Army
- Legal Aid of Northeastern Minnesota
- Other: (please specify) _____

Customer Signature

Date Signed

For HPU Office use only

Date Received _____ Date Entered _____ Initials _____