OSSEO MUNICIPAL WATERWORKS

P O Box 308, Osseo, WI 54758

CONSENT TO DISCLOSE UTILITY CUSTOMER INFORMATION

This form was prepared by the Public Service Commission of Wisconsin as required by Wis. Stat. §196.137(4).

| Requesting Entity I | Name (if appl | icable) | | | | | |
|--|-------------------------------------|--------------------------------|---------------------------|--------------------------------|-------------------------------------|---|-----------------|
| Contact Person | | | | | | | |
| Mailing Address | | | | | | | |
| Phone () | | Fax (|) | | Email | | |
| INFORMATION REC The Person or entity id water services provide billing period. The info utility records. | entified above d by the utility. | Such informa | ition includes | s your accour | nt balance, payn | nent history and t | total use per |
| CUSTOMER'S CON Your information is tre required to authorize t affect your utility servi | ated as private he disclosure o | | | | | | |
| By signing this form yo authorize the utility to until you terminate yo the utility at the addre | disclose your c ur service, or w | ustomer infor ithdraw conse | mation to thent by sendir | e requesting ng a written r | entity listed on equest with you | this form. This co ir name and servi | onsent is valid |
| Please complete th | nis form and | return it to | the utility | either by: | : | | |
| Email:Fax: (_Mail: |) | | | | | | |
| CUSTOMER ACCOL | JNT NUMBEI | R | | | | | |
| SERVICE ADDRESS | | | | | | | |
| PRINTED CUSTOM | ER(S) NAME | | | | | | |
| SIGNATURE OF CU | STOMER(S) | | | | | | |
| DATE SIGNED | | | | _ | | | |
| CUSTOMER PHON | E NUMBER (|) | | | | | |

Please complete separate consent forms for each utility account