

Consent to Release Information

I, _____ authorize _____
Registered Owner Name

To obtain the following account information:

- ___ Utility Bill in renter's name while I receive the "Owner" copy
- ___ Verbal Confirmation regarding Balance, previous payments
- ___ Other: Please specify _____

regarding my Village of Boyle Utility Account # _____ located at
_____ and/or _____
Legal Land Location Civic Address

I authorize the information to be disclosed as follows:

E-Mail address: _____

Phone Number: _____ Fax: _____

Mailing Address: _____

This authorization shall remain in effect until:

___ Indicate Date or no expiry

___ Valid for this one time request only

PLEASE READ POINT BELOW AND INITIAL

- I agree that the Village of Boyle does not charge any deposit for renter accounts and I will ultimately be responsible for any balance owing on Utilities if the renter defaults.

X _____
Registered Owner Date