



CITY OF RIPON

100 Jackson Street * Ripon, WI 54971-1396

CONSENT TO RELEASE UTILITY ACCOUNT INFORMATION

Account Number: _____

Name on Account: _____

Account Address: _____

Phone Number: _____

Email Address: _____

PURSUANT to and in accordance with Wis. Act 25, the City of Ripon Sewer/Meter Utility is hereby authorized to release my/our municipal utility customer account usage and status information to

_____.

_____ Date

_____ Customer Signature

_____ Printed Name

_____ Customer Signature

_____ Printed Name

Please return form to or if you have any questions contact:

Shawn Lanser
City of Ripon
100 Jackson Street
Ripon, WI 54971
Phone: 920-748-4911
E-mail: slanser@cityofripon.com