



# DISCLOSURE OF INFORMATION TO A THIRD PARTY CONSENT AND TERMINATION OF CONSENT FORM

## **PART A: Customer Information (complete all applicable customer information)**

Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ Alt/Bus# (\_\_\_\_) \_\_\_\_\_  
Meter # \_\_\_\_\_ Bill Account # \_\_\_\_\_  
Address \_\_\_\_\_ City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

### **Mailing address for billing (if different from above)**

Name \_\_\_\_\_  
Address \_\_\_\_\_ City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

### **Third Party Information**

Name \_\_\_\_\_ Company \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

## **PART B: Consent for Disclosure of Information to Above-Named Third-Party**

The above-noted customer hereby consents to the disclosure by Westario Power Inc. the following account related information to the Third Party named above for the purpose of:

(Specify the purpose): \_\_\_\_\_

The relevant account-related information that can be disclosed is as follows:

- Account Information (includes name(s), address, contact information, account notes, rates, billing)
- Billing consumption and demand information
- Metering/Service Information (metering details, remote metering data)
- Credit history and Payment History
- Other (please specify) \_\_\_\_\_

The above **consent remains in effect** from the date of authorization to the date that written termination of the consent is received by Westario Power Inc. or the account is no longer in the account holder's name, whichever happens first.

Date: _____	Date: _____
Name (print): _____	Name (print): _____
Signature: _____	Signature: _____

**Note:** For accounts where two parties are responsible, both account holders must sign the above consent before account information will be disclosed.

## **PART C: Termination of Consent for Disclosure of Information to Above-Named Third-Party**

The above-noted customer terminates consent to the disclosure of account-related information to the Third Party above- named effective as at the date signed below.

Date: _____	Date: _____
Name (print): _____	Name (print): _____
Signature: _____	Signature: _____