KANSAS GAS SERVICE, A DIVISION OF ONEOK, INC.
AUTHORIZATION FOR RELEASE OF CUSTOMER INFORMATION

My Kansas Gas Utility Account Number: _____

Name: _____
Last First Middle

Address:
_____

Home Phone: (_____) _____-_____ Work Phone: (_____) _____-_____

By my signature below, I authorize Kansas Gas Service Company, a division of ONEOK, Inc., to release any and all oral and written information about my gas account to the following person(s) or company:

City of Topeka, Kansas
NAME OF PERSON OR COMPANY

215 SE 7th Street,
STREET ADDRESS/P.O. BOX

Topeka, Kansas 66603-3914, 785-368-3896
CITY STATE ZIP CODE PHONE

I understand and agree that this authorization includes the release and discussion of all information concerning this account, including but not limited to the billing and payment history. I further authorize and agree to the release of any information concerning previous accounts maintained in my name.

I understand that by signing this authorization, I will cause the release of information to a third party, which may become public knowledge. I specifically hold Kansas Gas Service Company, a division of ONEOK, Inc., their employees, officers, and agents harmless from any and all claims and liability arising directly or indirectly from the release, discussion, use, or misuse by anyone of the information about me, my account, or my service, which is released as a result of this Authorization

_____
CUSTOMER SIGNATURE

_____
PRINT OR TYPE CUSTOMER'S NAME

_____
DATE

Mail or deliver this completed form to:
Jayhawk Area Agency on Aging
2910 SW Topeka Blvd
Topeka, KS 66611-2121

12-2-08

Please complete an Authorization Form for each address during the claim year.