

**CITY OF TOPEKA WATER & WASTEWATER UTILITY RATE REFUND PROGRAM
AUTHORIZATION FOR RELEASE OF CUSTOMER INFORMATION**

I, _____ am a customer of the City of Topeka Water and/or Wastewater Utilities.
(PRINT FULL NAME)

My City of Topeka Utilities Account Number/s is _____
_____, for the following service address(es):

STREET ADDRESS

CITY/STATE/ZIP CODE

PREVIOUS STREET ADDRESS

CITY/STATE/ZIP CODE

DAY PHONE NUMBER

EVENING/ALTERNATE PHONE NUMBER/S

E-MAIL ADDRESS

The account(s) I am applying for a credit is in the same name and was active in the same year as the Kansas Homestead Refund. I understand that "refunds" for the Water & Wastewater Utility Rate Refund Program will be given in the form of a credit to my account.

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 City of Topeka, 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

DATE

For City use only:

Financial Services

Applicant Approved By _____

Date: _____

Utility Billing's Water and Wastewater Utility Rate Refund Program Processing Report

Customer Name: _____

Account Number: _____

Refund Customer ID Number _____

Service Address: _____

Previous Address: _____

Rejected: _____

Account Name discrepancy: _____

Other (explain): _____

Credits

Inside City Water \$ _____

Inside City Wastewater \$ _____

Outside City Water \$ _____

Outside City Wastewater \$ _____

Total \$ _____

100% to account(s): _____

Partial to account(s): _____

0% to account(s): _____

Amount Applied: \$ _____

Refund Balance \$ _____

Processing Date: _____

Tax Year _____

Processed By: _____