

This Release of Customer Information Authorization Form grants the Local Government Commission and its agents ("Authorized Party") access to the undersigned's ("Account Holder") City of Clovis Water Utility Account information concerning the account holder's water usage information both retrospectively and periodically over the next two years. Information obtained from the City of Clovis Water Utility regarding Account Holders water usage will not be used for commercial or media purposes, and the Local Government Commission will not release any water usage data with identifying information.

This form must be completed in its entirety and signed by the Account Holder or by someone who has legal authority to bind the Account Holder in order to receive a Local Government Commission Landscape and/or Greywater rebate. **AUTHORIZATION:** I, ________ (printed name), state that I am the City of Clovis Water Utility ("City") services Account Holder and hereby request and authorize the City to release my water utility customer account information to: **Authorized Party**: Local Government Commission **Address**: 980 9th St. Suite 1700, Sacramento, CA. 95814-2736 **Phone Number**: 916-448-1198 Email Address: aholmstedt@lgc.org The scope of access to my account information is authorized as follows: _ Water usage dating back to January 2014 Future water usage through December 2018 I understand that this Authorization does not require the City to release information and that the City retains the right to verify any authorization request submitted before releasing information or taking any action. I hereby release, hold harmless, and indemnify Local Government Commission and its agents from any liability, claims, demands, and causes of action, damages, or expenses resulting from: 1) Any release of information pursuant to this Authorization; 2) The unauthorized use of this information by the Authorized Party; and 3) Any actions taken by the Authorized Party pursuant to this Authorization. I understand that I may cancel this Authorization at any time by notifying the City of Fresno Water Utility in writing. I understand that if I choose to cancel this Authorization, I may be liable to repay a portion or the entirely of the rebate received from the Local Government Commission. I acknowledge I am signing this Authorization under my own free will and not under duress. Account Holder's Signature: _____ Date: ____ Account Holder's Printed Name: _____ Utility Service Address: _____

Utility Service Account Number: _____

Account Holder's Daytime Phone Number: