



Utility Information Request Form

Date: _____

I hereby authorize

Water Company:

Sewer Company:

Energy Company:

Sanitation Company:

To release the following information for:

Property Address

**The dollar amount of the monthly billing during the last 12-month period:
Highest Bill (\$), Lowest Bill (\$), Average (\$).**

Signed:

Print Name

Owner/Seller

Date

Print Name

Owner/Seller

Date