|  |
| --- |
| Customer’s Name/Company Letterhead |

Address, City, State ZIP Code | Phone Number | E-Mail

Date

District Secretary

Mesa Water District

1965 Placentia Avenue

Costa Mesa, CA 92627

Re: Authorization for the Release of Customer Records

Dear District Secretary:

Please provide copies of the following records:

|  |  |  |
| --- | --- | --- |
| **🗆** | Water Bill(s) |  |
| **🗆** | Water Consumption History |  |
| **🗆** | Other |  |

For the service address(s)/account(s) listed below:

|  |  |
| --- | --- |
| Service Address(s): |  |
| Account Number(s):  |  |
| I understand that this authorization is valid for a period of one year from the date this form is executed and that a new Letter of Authorization must be resubmitted to Mesa Water District by the Agent for each request. |
| I authorize**\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to request records from Name of Third-Party Agent |
| Mesa Water District on my behalf. |

Sincerely,

|  |  |  |
| --- | --- | --- |
| Signature |  | Date |
|  |  |  |
| Print Name |  | Title |