



Borough of Chambersburg
Department of Finance

AUTHORIZATION TO RELEASE PERSONAL AND ACCOUNT INFORMATION

I hereby authorize the Borough of Chambersburg to release any and all of my account and personal information, including but not limited to my forwarding address, to the landlord identified below and I agree to indemnify and hold harmless the Borough of Chambersburg for release of this information upon receiving a signed copy of this authorization form.

Landlord to receive information:

NAME: _____

ADDRESS: _____

PHONE: _____

SIGNATURE _____

PRINTED NAME _____

DATE _____

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RECEIVED BY _____

DATE _____

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