

Authorization to Release Account Information

PROPERTY OWNER:

AAN#:

CIVIC ADDRESS:

WATER UTILITY ACCOUNT#:

I authorize the Town of Truro to release information from the above listed accounts to the following individual (firm):

I withdraw my authorization to release information from the above listed accounts to the following individual (firm):

RELEASE TO (Name of Firm or Individual):

MAILING ADDRESS
(If requesting return by mail and address is different from above)

PHONE

FAX

EMAIL

(If requesting return by fax)

(If requesting return by email)

Submitted by:
(Print) _____

Signature:
(Required) _____

*I confirm I am the owner of the above listed property; OR
I confirm I am the primary account holder of the above listed water utility account*

DATE: _____

If you are requesting the release of historic account information please list the years requested below

Prior Year(s) Property Tax Information

Prior Year(s) Water Utility Information

Year(s) requested