



DS&O Electric Cooperative, Inc.

HEADQUARTERS
Solomon, KS 67480
129 W. Main • P.O. Box 286
Telephone (785) 655-2011

DISTRICT OFFICE
Lindsborg, KS 67456
1292 Highway 4 • P.O. Box 469
Telephone (785) 227-2186

A Touchstone Energy® Cooperative



AUTHORIZATION FOR RELEASE OF CUSTOMER INFORMATION

I, _____, am a customer of DS&O Electric Cooperative, Inc., maintaining an electric account in my name at _____, _____
address city, state

By my signature below, I authorize DS&O Electric Cooperative, Inc. to release any and all oral and written information about my electric account to the following person(s) or company:

Name of person or company

Address

City, State, Zip

I understand and agree that this authorization includes the release and discussion of all information concerning this account, including but not limited to the billing and payment history. I further authorize and agree to the release of any information concerning previous accounts maintained in my name.

I understand that by signing this authorization, I will cause the release of information to third party which may become public. I specifically hold DS&O Electric Cooperative, Inc., their employees, officers and agents harmless from any and all claims and liability arising or indirectly, from the release, discussion, use, or misuse by anyone of the information about me, my account or my service which is released as a result of this authorization.

Customer signature

Print or type customer's name

Date

THE CUSTOMER'S SIGNATURE OF THIS DOCUMENT MUST BE WITNESSED BY AN AUTHORIZED REPRESENTATIVE OF THE COMPANY OR BE PROPERLY NOTARIZED.

Witnessed by:

Company Representative Date

STATE OF KANSAS
COUNTY OF _____
Subscribed and sworn to before me on this _____ day of _____, _____.

My commission expires: _____
Notary Public