

Letter of Authorization for Utilities Billing

I, _____, hereby grant the following permission for the utilities billing
for _____.

Signature: _____ Date: _____

Co-Applicant: Full access to the billing account such as, starting, stopping, or transferring services, updating information, and setting up payment extensions or agreements.

- The co-applicant authorizes City of Columbia Utility Customer Service to verify the information contained herein and to make such additional normal inquiries, as reasonably may be related to or associated with this application, from landlords, credit bureaus, employers and creditors.
- The co-applicant requests City of Columbia Utility Customer Service to furnish utility service and accepts financial responsibility for utilities supplied to this service address, as bills are rendered, until notice is given to discontinue service.
- The co-applicant accepts financial responsibility and agrees that if the applicant, spouse and/or roommates owes the City of Columbia for any past due utility bills, all unpaid bills must be PAID IN FULL prior to service being provided anywhere within the City of Columbia service area.
- By signing, and returning this document along with a valid photo ID, the co-applicant agrees to the terms, conditions and all regulations of City of Columbia governing the supply of utility services to customers.

Include co-applicants name on the bill: Y/N (circle one)

Co-Applicant Type: Spouse, Parent, Roommate, Co-Applicant (circle one)

Co-Applicant Name (Print): _____

Co-Applicant Name (Signature) : _____ Date: _____

Birthdate: _____ Last 4 of SSN or 4 Digit Pin # _____

Phone # _____ E-mail: _____

or

Authorized User(s): Access to discuss my account and any information related to my account.

Authorized User Name: _____ Date of Birth: _____

Authorized User Name: _____ Date of Birth: _____

Authorized User Name: _____ Date of Birth: _____

Sewer Utility • Solid Waste Utility • Stormwater Utility • Water & Light