

FINDERS KEEPERS



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, give my permission to any Finders Keepers representative to gather information concerning my utility account at the following address, _____, for the purpose of determining utility connections, disconnections, and cut for non-payment. Thank you.

Account Holder Signature

Date

Last 4 digits of Social Security Number



100 W. Brookside Bryan, Texas 77801
Website: www.finderskeepersbcs.com
Phone: (979) 846-1887 Fax: (979) 846-7380

