



City of Le Sueur, MN
Utility Account Information
Consent to Release

PROPERTY OWNER INFORMATION	
Name:	Address:
Phone:	Email:

TENANT INFORMATION	
Name:	Address:
Phone:	Email:

I certify that I am the authorized City of Le Sueur Utilities account holder of the property listed above. I hereby authorize the City of Le Sueur to release any and all information regarding utility usage, billing and payment history or related matter for the listed service address to the party named above, labeled "Tenant" at the above specified service address.

I understand that such information may be classified as private data by Minnesota Statute 13.05 and 13.685 and I authorize the City of Le Sueur to provide such data to the party specified in this release. This release shall remain in effect until I submit a request in writing to the City of Le Sueur to have it revoked.

Property Owner Signature:	Date:
Tenant Signature:	Date:

OFFICE USE ONLY
Received By:
Date Received: