



THIRD-PARTY AUTHORIZATION AND WAIVER OF CONFIDENTIALITY

To:
Utility _____

Re: Client Name:

Social Security #

Account #:

This is to notify you that I (we), _____ (Client Name)

residing at, _____ (Client Address)

College Park Community & Home Improvement and its representatives to assist me with my housing issues including contact with my utility companies. You are authorized to provide any records and information about me and my case including confidential information that may be asked for.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

College Park GA CARES Utility Assistance Grant | 3667 Main Street College Park, Georgia 30377