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## Information Authorization:

Please use the form below as authorization to provide information to any person, persons, or company other than the property owner as listed on the account. This information includes but is not limited to: billing, usage, payment, and appointment scheduling. With submission of this form, any permissions to release information to the below parties will remain in place until SCBWA receives written authorization stating otherwise.

Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Owner: \_\_\_\_\_

**I authorize information for the above stated property to be provided to the person(s) and/or company provided below:**

Person(s)/Company:

\_\_\_\_\_

Contact Information for above: \_\_\_\_\_

This person is a:  Management Company  Property Manager  Tenant  Other (Please specify below):

\_\_\_\_\_

Signature\*:

Date:

\_\_\_\_\_

**\*This form must have a physical signature in order to be valid. No e-signatures will be accepted.**

Printed Name:

\_\_\_\_\_

This form can be emailed to: [customer care@scbwa.org](mailto:customer care@scbwa.org).