

MEMORIAL

MUNICIPAL UTILITY DISTRICT

Disclosure Request / Rescission of Personal Information

First & Last Name:

Address Line 1:

Address Line 2:

City:

State:

Zip:

Concerning my personal information, I, the above named, do hereby grant Memorial Municipal Utility District authorization of:

(check one)

Disclosure

Rescission of disclosure

To the below person(s) and/or entity(ies):

Signature:

Date:

Please complete this form, sign, and send via the District's Disclosure upload form.