

Customer Data Disclosure Mammoth Community Water District **Customer Data Disclosure Form**

Please return to MCWD via mail to PO Box 597 Mammoth Lakes, CA 93546, in person at 1315 Meridian Blvd. in Mammoth Lake or email to mdraper@mcwd.dst.ca.us.

Customer Information

Name: ______ HOA Board Title (if applicable): ______

Email: ______ Phone Number: ______

Property Address: ______

Property Name (if applicable): _____

Permission for Data to be Disclosed

Please fill in below:

l,	grant permission for MCWD to release the billi	ng and usage information for all
accounts associated with the proper	ty located at	to the person(s) or
entity (entities) listed below. It is the	e responsibility of the customer to update this in	formation if personnel or entities
change. This data disclosure agreem	nent will be force for 5 years or until MCWD rece	ives an updated form.

List of person(s) and/or entities allowed access to MCWD water billing and usage data:

If you prefer data to be disclosed to a company or position title, please include the position title with the description of "current", e.g. current property manager, or current landscape contractor. This will allow the sharing of data to continue through staff changes.

Signature:	 Date:

Print name: ______