

AUTHORIZATION TO RELEASE INFORMATION: The City of Euless can withhold the release of your residential consumption, address, and telephone number with your written authorization. Please indicate your preference by placing an X in the appropriate blank.

Name _____

___ Do not release my consumption, address, or phone number.

**Return this form with your bill payment or mail to:
201 N. Ector Dr. Euless, TX 76039.**