

City of Rock Hill

P.O. Box 11706 or 155 Johnston St.
Rock Hill, SC 29731-1706
Ph: 803-325-2500
www.cityofrockhill.com



AUTHORIZATION TO ACT AS AGENT FOR PROPERTY OWNER

Date: _____

Property Owner Name: _____

Company Name: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

I give the following person(s) permission to act as my Agent to create utility accounts and turn on utility service under my name:

Agent Name(s): _____

Company Name: _____

Position/Title: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Agent Signature

Date

I authorize the Agent to act on my behalf on the following basis:

One Time Authorization Only for property located at: _____

On an on-going basis for any properties I own until I notify the City of Rock Hill in writing to cancel this authorization.

I certify that the Agent listed above has authority to act on my behalf, to request the release of information for the Utility account listed on this form and to perform the acts and functions listed above which I have authorized, and I authorize Utility to release the requested information on my Utility account to such Agent. I understand that Utility reserves the right to verify any authorization request submitted before releasing information or taking any action on my behalf. I hereby agree to release, hold harmless, and indemnify Utility from any liability, claims, demands, causes of action, damages, or expenses resulting from: (1) any release of information to the Agent listed herein pursuant to this authorization; (2) the unauthorized use of this information by the Agent listed herein; and (3) from any actions taken by the Agent listed herein pursuant to this authorization. I understand that I may cancel this authorization at any time by submitting a written request.

Property Owner Signature

Date

Sworn to and subscribed before me on
this _____ day of _____, 20 _____

Signature of Notary: _____

Notary Public for: _____

My commission expires: _____

(Place Notarial Seal Here)