



Helping neighbors in need

with practical support through crisis assistance, hunger relief, and resource referrals

UTILITY ACCOUNT INFORMATION RELEASE FORM

NAME: _____

ADDRESS: _____

LAST 4 SSN: _____ DATE OF BIRTH: _____

UTILTIY PROVIDER: _____

UTILITY PROVIDER ACCOUNT NUMBER: _____

I hereby authorize the above-named Utility Provider to release information on my current and past due utility bills online and telephonically to the Kershaw Area Resource Exchange (KARE) Representatives and their partners.

CLIENT SIGNATURE

DATE

For Office Use Only: Case # _____

02/17/2022