



## Authorization to Disclose Confidential Information

\_\_\_\_\_  
Date

To the City of Petersburg Public Works and Utilities Department:

I, \_\_\_\_\_, give my consent for the City of Petersburg Public Works and Utilities Department to release, exchange and/or disclose necessary information regarding my delinquent water service account to/with Pathways-VA, Inc.

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Social Security Number:

\_\_\_\_\_  
Service Address

\_\_\_\_\_  
Signature

Subscribed and sworn to before me, a Notary Public in and for the City/County of

\_\_\_\_\_, Virginia, this \_\_\_\_ day of \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
Notary Public

My Registration Number: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

*Building Lives. Awakening Hope*