



GUAM WATERWORKS AUTHORITY

Aturidat Kinalamten Hanom Guahan

“Better Water. Better Lives.”

Gloria B. Nelson Public Service Building | 688 Route 15, Mangilao, Guam 96913

P.O. Box 3010, Hagatna, Guam 96932

Tel. No. (671) 300-6846/48 Fax No. (671) 648-3290

**RELEASE OF GWA CUSTOMER ACCOUNT INFORMATION AUTHORIZATION
FORM TO GUAM DEPARTMENT OF ADMINISTRATION – ERA PROGRAM**

PURPOSE: This Release of GWA Customer Account Information Authorization Form allows a Guam Waterworks Authority account holder (“Account Holder”) to **delegate certain rights to the Department of Administration Emergency Rental Assistance Program** an authorized party (“Authorized Party”) concerning the account holder’s service(s), including authorizing receipt of confidential customer account information. This form must be completed in its entirety and signed by the Account Holder or by someone who has legal authority to bind the Account Holder.

AUTHORIZATION: I, _____ (printed name), state that I am the Guam Waterworks Authority water and wastewater services Account Holder and hereby request and authorize the utility to release my customer account information to:

Authorized Party: Department of Administration - Emergency Rental Assistance Program
Address: P.O. Box 884, Hagåtña, Guam 96932
Email Address: era@doa.guam.gov

Account Holder must initial:

_____ Limited Access Authorized. Party may obtain GWA Account Usage and Financial Information Only

_____ This authorization is valid for One-time only – Authorized Party is granted access one time.

I understand that this Authorization does not require the Guam Waterworks Authority to release information, and that the Authority retains the right to verify any authorization request submitted before releasing information or taking any action.

I hereby release, hold harmless, and indemnify the Guam Waterworks Authority from any liability, claims, demands, and causes of action, damages, or expenses resulting from:

- a. Any release of information pursuant to this Authorization;
- b. The unauthorized use of this information by the Authorized Party; and
- c. Any actions taken by the Authorized Party pursuant to this Authorization.

I understand that I may cancel this Authorization at any time by notifying the Guam Waterworks Authority in writing. I acknowledge I am signing this Authorization under my own free will and not under duress.

Account Holder’s Signature: _____ Date: _____

Account Holder’s Printed Name: _____

Utility Service Address: _____

Utility Service Account Number: _____

Account Holder’s Daytime Phone Number: _____