



GA POWER CONSENT AND AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize a representative of Georgia Power to release to East Georgia Housing Authority Partners any/all information on the status of my current electric service for the account associated with the following address. I hereby release any person from any liability regarding the furnishing or release of such information.

Applicant/Resident: _____ Service Address _____

City: _____ State: _____ Zip Code: _____

Social Security: _____ Date: _____

Please choose one of the following Housing Authorities to receive this information (sign above the Housing Authority to which you are applying):

Harlem Housing Authority Fax Number (706)556-6418	Thomson Housing Authority Fax Number (706)595-2953	Warrenton & Crawfordville Housing Authorities Fax Number (706)465-2121

-----TO BE COMPLETED BY GA POWER EMPLOYEE-----

Please check which of the following is applicable:
(To be filled out and signed by Georgia Power Employee)

___ Service active in tenant's name /other name (please circle)

___ Disconnected yes / no (please circle)

___ If Georgia Power is disconnected, when was the disconnection date? _____

Signed _____ Date _____
(Georgia Power Representative)

Crawfordville Property 301 Thompson Street Crawfordville, Georgia 30631	Harlem Property 140 E. Milledgeville Road Harlem, Georgia 30814	Thomson Property 219 Pecan Avenue Thomson, Georgia 30824	Warrenton Property PO Box 2 Warrenton, Georgia 30828
--	--	---	---