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### CUSTOMER PRIVACY VERIFICATION

The SMU privacy rules, guided by the FCC CPNI rules, seek to protect your account information from identity theft and fraud. **The rules allow us to discuss account information only with the person(s) listed on the account.** We must be able to authenticate that person by using the social security number or the driver's license number. **Please help us in our effort that we protect the information, by completing the following.**

Communications Acct Number: \_\_\_\_\_ Utility Acct Number: \_\_\_\_\_

Account Telephone Number: \_\_\_\_\_

Question(s) for authentication of account holder:

Account Holder Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Contact #: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

If your account is listed only in your name, you might want to consider adding another name. Any spouse or roommate listed will be considered responsible for the bill and subject to verification and/or credit checks through our credit reporting agency. Relatives, Payees, Persons with Power of Attorney or other authorized parties will not be held responsible for the bill, but will be considered authorized to make changes.

\_\_\_\_\_ No, I do not want to add any additional authorized contacts to my account.

\_\_\_\_\_ Yes, I would like to add the following as authorized contacts for my account:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Birth date: \_\_\_\_\_ Contact #: \_\_\_\_\_

Relationship (circle one): payee relative roommate spouse POA Other: \_\_\_\_\_

Authorized Contact Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Birth date: \_\_\_\_\_ Contact #: \_\_\_\_\_

Relationship (circle one): payee relative roommate spouse POA Other: \_\_\_\_\_

Authorized Contact Signature: \_\_\_\_\_

*Please return this completed form to Spencer Municipal Utilities*