



FLORESVILLE ELECTRIC LIGHT & POWER SYSTEM

FELPS AUTHORIZATION STATEMENT

Date: _____

Customer Name _____

Customer Address _____

Customer City, State Zip _____

Account #(s); _____

I, (print name of person releasing information) _____, authorize Floresville Electric Light and Power System (FELPS) to allow the authorized representative(s) listed below to conduct business on the listed account(s) referenced above and acknowledge that the individual(s) listed and whose contact information is shown below are authorized on my behalf:

Authorized Representative(s):

Contact information DL # (copy attached):

Authorized Representative(s) may request the following: extension on account, account balance inquiry, address change, disconnection of service, and request service connection in my name or the company's name. I understand all extensions will affect my credit rating. I also understand that FELPS will not be responsible for any requests made by the listed authorized representative(s) that I do not agree with.

Signature

Date

Witness

Date

STATE OF _____ COUNTY OF _____

On the _____ day of _____, 20____, before me personally appeared _____

_____ to me known or identified to be the person(s) named herein and who executed the foregoing FELPS Authorization Statement and he/she acknowledges to me that he/she voluntarily executed the same.

My term expires _____, 20____.

Notary Public