



### Part 3 AUTHORIZATION TO RELEASE MEDICAL INFORMATION

TO: \_\_\_\_\_  
Name of Doctor or Hospital

\_\_\_\_\_  
Doctors Address

This will serve as your authorization to release information to Liberty Utilities (CalPeco Electric) LLC ("Liberty") regarding my physical condition or disability.

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Customer Name

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