

AUTHORIZATION TO: RECEIVE CUSTOMER INFORMATION OR ACT ON A CUSTOMER'S BEHALF

THIS IS A LEGALLY BINDING CONTRACT – READ IT CAREFULLY

,							
	NAME						
of			(Cu	stomer) hav	e the following	ng mailing a	ddress
	NAME OF CUSTOMER RECOR	D	_	•			
						_, and do h	ereby appoint
	MAILING ADDRESS	CITY	of	STATE	ZIP		
	NAME OF THIRD PARTY				MAILING A	DDRESS	
	CITY				STATE		ZIP
act a	as my agent and consultant (Age	nt) for the lis	sted a	ccount(s) ar	nd in the cate	gories indic	ated below:
	JNTS INCLUDED IN THIS AUTHO	•				9	
	SKTO INCLUDED IN THIS ACTIO	NIZATION					
·	SERVICE ADDRESS					SERVICE ACC	COUNT NUMBER
<u> </u>	SERVICE ADDRESS					SERVICE ACC	COUNT NUMBER
'· <u> </u>	SERVICE ADDRESS					SERVICE ACC	COUNT NUMBER
For more orm)	e than three accounts, please list additional S	Service Address	es and S	Service Accoun	t Numbers on a se	eparate sheet ar	nd attach it to this
The Agoarticu reques the mo	MATION, ACTS AND FUNCTIONS gent must thereafter provide sp lar account(s) before any inforted act or function may result in st recent 12 month period.	ecific writte rmation is i cost to you,	n instreleas	tructions/re ed or action ustomer. Re	quests (e-ma on is taken. equests for in	il is accept In certain formation m	able) about the instances, the ay be limited to
initial	or put an 'x' inside all applicable	boxes):			J		
1.	Request and receive billing records account(s), as specified herein, regare EPA Benchmarking					for bill calcula	ation for all of my
3.	Request and receive copies of corres a. Verification of rate, date of rate b. Contracts and Service Agree c. Previous or proposed issuan	ate change, an ements;	d relate	ed information		rning (initial all	that apply):
	d. Other previously issued or u Request investigation of my utility bill		uted bi	lling adjustme	ents.		
5.	Request special metering, and the rig	ری) ht to access in	nterval ı	usage and oth	er metering dat	a on my accou	ınt(s).
6.	Request rate analysis. Request rate changes.						
₹ ′.	Request and receive verification of ha	lances on my	accour	nt(e) and disco	ontinuance notic		

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¹ The Utility will provide standard customer information without charge up to two times in a 12 month period per service account. After two requests in a year, I understand I may be responsible for charges that may be incurred to process this request.

AUTHORIZATION TO: RECEIVE CUSTOMER INFORMATION OR ACT ON A CUSTOMER'S BEHALF

I (CUSTOMER) AUTHORIZE THE RELEASE OF MY ACCOUNT INFORMATION AND AUTHORIZE MY AGENT TO ACT ON MY BEHALF ON THE FOLLOWING BASIS 2 (initial one box only):

One time authorization only (limited to a one-time request for information and/or the acts and functions Specified above at the time of receipt of this Authorization). One year authorization - Requests for information and/or for the acts and functions specified above will be accepted and processed each time requested within the twelve month period from the date of execution of this Authorization. Authorization is given for the period commencing with the date of execution until (Limited in duration to three years from the date of execution.) Requests for information and/or for the acts and functions specified above will be accepted and processed each time requested within the authorization period specified herein	INITIAL HERE INITIAL HERE							
RELEASE OF ACCOUNT INFORMATION:								
The Utility will provide the information requested above, to the extent available, via any one of the following. My (Agent) preferred format is (check all that apply):								
Hard copy via US Mail (if applicable): Facsimile at this telephone number: Electronic format via electronic mail (if applicable) to this e-mail address:								
I (Customer),								
AUTHORIZED CUSTOMER SIGNATURE TITLE (IF APPLICABLE) TELEPHONE NUMBER	(T)							
Executed this day of MONTH YEAR at CITY AND STATE WHERE EXECUTED								
I (Agent), hereby release, hold harmless, and indemnify the Utility from any liability, claims, demand, causes of action, damages, or expenses resulting from the use of customer information obtained pursuant to this authorization and from the taking of any action pursuant to this authorization, including rate changes. I also hereby indicate my consent to execute and submit this signature electronically.								
AGENT SIGNATURE TELEPHONE NUMBER								
COMPANY								
Executed thisday of								

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² If no time period is specified, authorization will be limited to a one-time authorization.