Utility Energy Information Release Authorization

As the account holder or duly authorized age hereby authorize and give permission to:	ent of the account holder, I				
Electric Utility:					
Gas Utility:					
to release account and energy usage informa	ation specific to the accounts listed below to				
	. This authorization shall void after a period of 365 da				
Utility Account Holder:	(As it appears on your bill)				
Signature:	Date:				
Printed Name:					
Email Address:					
Phone Number:					
Mailing Address:					
Utility Service Address (if different):					
Building Owner or Property Manager (if kno	wn):				

Utility Information

Please fill out as applicable

Service Address	Electri	Electric Utility		Gas Utility	
*Address / account identifier	Account #	Meter #	Account #	Meter #	