

WAUPUN UTILITIES CUSTOMER AUTHORIZATION TO RELEASE ELECTRIC ~~#K 5-17~~ USAGE AND BILLING COST INFORMATION

OFFICE USE ONLY
PROJECT ID:

SECTION A: This section is to be completed by the utility customer. Please print or type.

Business Name

Business Address		City	State	ZIP Code
Contact Name	Contact Phone	Contact Email	Utility Name	

INFORMATION TO BE RELEASED – Usage records and billing cost data for the following facilities may be released to the Organization in Section B. Additional requests may be listed on an attachment to this form. Data will be provided for multiple meters at a single premise provided they are on the above noted customer's utility account(s). A multifamily premise may require releases from individual tenants.

Premise 1	Premise Address (address at the meter location, not the billing or company address)	City	State	ZIP Code
	Release Electric Usage Data <input type="checkbox"/>	Release Water Usage Data <input type="checkbox"/>	Account Number	Meter Number
Premise 2	Premise Address (address at the meter location, not the billing or company address)	City	State	ZIP Code
	Release Electric Usage Data <input type="checkbox"/>	Release Water Usage Data <input type="checkbox"/>	Account Number	Meter Number

The undersigned utility customer requests and authorizes Waupun Utilities, hereafter referred to as the utility, to release the information listed above to the party named in Section B of this form. The Organization maintains confidentiality agreements with its contractors and subcontractors and this billing information will be kept confidential and used for Organization projects only. The utility customer also releases the utility from any and all liability arising from or connected with providing this information to the Organization.

Authorized Customer Signature	Title	Date
The Organization has permission to share my company's project information and results with my utility, unless I choose to say "no" by initialing the box at right. (Initial Box at right to indicate "Do NOT share my data.")		

SECTION B: This section is to be completed by the Organization that is to receive the information. Please print or type.

Name	Organization		
Phone	Email		
Business Address	City	State	ZIP Code

INFORMATION REQUESTED – Please check the information desired and fill in the blanks as appropriate. NOTE: Contact the utility to verify the availability of interval data.

<input type="checkbox"/>	12 Months of recent metering usage and billing cost data beginning:		and ending:	
<input type="checkbox"/>	12 Months of peak electric demand data beginning:		and ending:	
<input type="checkbox"/>	12 Months of recent interval data beginning (see note above):		and ending:	

Signature of the Organization representative to whom this information is to be released.	Date
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Please forward this request to your appropriate utility contact.