



Utility Release of Information

Date _____

This serves as Authorization to Release Utility Information from the customer stated below, to:

(Person or Company Receiving Information)

Customer Name: _____

Authorized Signature: _____

Printed Signature: _____

Phone Number: _____ Email Address: _____

For Locations listed below:

- | | |
|-------------------|----------------------|
| 1) Address: _____ | Account Number _____ |
| _____ | _____ |
| 2) Address: _____ | Account Number _____ |
| _____ | _____ |
| 3) Address: _____ | Account Number _____ |
| _____ | _____ |
| 4) Address: _____ | Account Number _____ |
| _____ | _____ |

The last two years of usage history, including meter reading dates, consumption, rate class, billing amounts, and other relevant information for the aforementioned customer and addresses listed will be provided.

The above information should be sent to the attention of:

Requestor Name : _____

Phone Number: _____ Email Address: _____

Electric/Water Utility

PLEASE RETURN THE COMPLETED AND SIGNED FORM TO:

E-Mail: customercare@rpu.org **Fax:** 507-280-1642

Mail: Rochester Public Utilities
Attention: Customer Care
4000 E River Rd NE
Rochester, MN 55906-2813

THIS AUTHORIZATION EXPIRES ONE HUNDRED TWENTY DAYS AFTER IT IS SIGNED