

## **Customer Authorization to Release Gas and/or Electric Usage Information**

SECTION A - CUSTOMER INFORMATION								
Customer (company) name:								
Customer			Custo	mer number:	( ) -			
contact name:			priorie	number.	-			
SECTION B - RECIEPIENT INFORMATION								
Send information to Name:	☐ Customer	stomer E-mail:			☐ Third party			
Address:								
City: State:			Zip Code:					
SECTION C- REQUESTED INFORMATION								
INFORMATION TO BE RELEASED - Usage records for the following facilities may be released:								
				ase electric				
Facility address	City, state, zip			age data eck below)	Account number		Meter number	
- asimy address		(crieck below)	(0		7.0000			
AVAILABLE REPORTS								
Natural Gas - 12 month summary by account (if available)  Begin					g <u>/ /</u> Ending <u>/ /</u>			
Natural Gas - 12 month interval details by account (if available)				Beginning	ng <u>/ /</u> Ending <u>/ /</u>			
Natural Gas - 3 year comparison by account (if available)				Beginning		End	ing/_/_	
Electric - 12 month summary by account (if available)				Beginning		End	ing//	
Electric - 12 month interval details by account (if available)  Begin				Beginning	g/ /_ Ending/ /_			
Electric - 3 year comparison by account (if available)				Beginning		End	ing//	
The undersigned requests WPS to supply the information listed above in Section C to the recipient in Section B. The customer also hereby releases WPS from any and all liability arising from or connected with providing this information.								
Authorized custome	er signature:							
Title of person sign	i <mark>ng:</mark>				Date:			
RETURN THIS FORM TO THE BUSINESS SOLUTIONS CENTER:								
Email: businesscenter@wisconsinpublicservice.com								
Fax: 1-800-305-9754								
If you have questions, call the WPS Business Solutions Center at 1-877-444-0888.								