



SEUALG Weatherization Assistance Program

375 South Carbon Ave

Price, Utah 84501

phone 435.637.5444 fax 435.637.5448

www.seualg.utah.gov

AUTHORIZATION TO RELEASE CUSTOMER UTILITY INFORMATION

Applicant Name: _____

Application Number: _____

This Form Authorizes the Utah Weatherization Assistance Program to request and receive billing and utility consumption information for the property listed below, from the specified Utility Provider(s). This information will be used to determine applicants energy burden and to measure the effectiveness of the Weatherization Assistance Program. This form must be signed by the Account Holder or Customer of Record for each Utility listed

Physical Address: _____

Mailing Address (if different): _____

Unit or Apt #: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Information Specified

This authorization provides the Utah Weatherization Assistance Program, the right to request and receive information regarding billing history* and all meter usage data used in the billing calculations from the Utility Provider(s) listed herein for the specified account (*billing history does not include the payment history or notices of discontinuation of service).

Duration

I authorize the Utility Provider(s) to provide the specified information for the period beginning twelve (12) months prior to the account holder date of execution of this authorization, and ending twelve (12) months after the completion of Weatherization Assistance, which completion is documented by the Weatherization Assistance Program's Final Inspection and Partnership Agreement.

Release of Account Information

I authorize the Utility Provider(s) to release the designated information to the Utah Weatherization Assistance Program. I hereby release, hold harmless, and indemnify the Natural Gas Provider and the Electricity Provider from any liability, claims, demands, causes of action, damages, or expenses resulting from: any release of information to the Weatherization Assistance Program pursuant to this authorization; the unauthorized use of this information by the Weatherization Assistance Program; and any actions taken by the Weatherization Assistance Program pursuant to this authorization.

NATURAL GAS RELEASE

Natural Gas Provider: _____

Name of Account Holder: _____

Service Agreement #: _____

Account #: _____

I authorize the Natural Gas Provider listed above to release the designated information to the Utah Weatherization Assistance Program as specified herein.

Account Holder
Signature: _____ Date: _____

ELECTRICITY RELEASE

Electricity Provider: _____

Name of Account Holder: _____

Account #: _____

I authorize the Electricity Provider listed above to release the designated information to the Utah Weatherization Assistance Program as specified herein.

Account Holder
Signature: _____ Date: _____

Circle your primary heating source

GAS

Electric

Other _____

