

Customer Authorization to Release Information



Please check utility: Wisconsin Gas LLC Wisconsin Electric - Gas Operations

Requested effective date: _____

Account name: _____

Service address: _____

City, state, zip: _____

Account number: _____ **Meter number:** _____

Account number: _____ **Meter number:** _____

Account number: _____ **Meter number:** _____

Account number: _____ **Meter number:** _____

Remarks: _____

This authorization shall be effective immediately upon receipt by We Energies and shall continue in effect for two years from above date unless revoked in writing by company. It is further agreed that We Energies is receiving no consideration for honoring this request and that any release of information by it pursuant hereto is done solely as an accommodation to company furnishing such authorization. We Energies shall not be liable to company for any failure to provide or furnish information to Agent.

The undersigned authorizes We Energies to release metering and usage data and information for our accounts(s) to:

Agent name: _____

Agent contact name: _____

Contact phone: _____ Contact fax: _____

Customer Authorization

Customer name (print): _____ Title: _____

Customer authorization signature: _____ Date: _____