## Seattle City Light



## Authorization for Release Of Customer Energy Use/Account Information

## Individual

ATTN: CUSTOMER CARE DIVISION

Email: scl consumption requests@seattle.gov or Fax: 206-287-5311

This report is not for use with the Energy Disclosure Automated Benchmarking Program. It is for the consumption history of a single account and should be signed by the Account Holder.

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UTILITY ACCOUNT HOLDER INFORMATION AND THEIR AUTHORIZED AGENT (if applicable):			
Authorization Period: Start Date*			
Account Holder Name*			
Premises Address*			
Account # or Meter #			
Account Holder Telephone*			
Account Holder Email Address			
Authorized Agent Name	N/A		
Relationship to Account Holder			
Authorized Agent Mailing Address			
Authorized Agent Email*			
Additional Comments			
Authorization Period: End Date*			
or damages related to the release of such data and/or information. If I am not the utility account holder, by signing this document I hereby certify that the account holder identified above has authorized me to submit this Authorization for Release of Information on their behalf.  Enter reporting date range:  Release current and/or historical energy use data  Release current and/or historical account information  Provide copy of bill(s)  Enter billing date(s)			
SEATTLE CITY LIGHT IS AUTHORIZED TO RELEASE BILLING AND CONSUMPTION DATA TO THE PARTY BELOW:			
Name*			
	If the Account Holder is also directly to signature section	o the recipient of the report check be $\cap$	ox and go
Company*			
Mailing Address*			
Telephone			
Fax			
Email Address			
Account Holder Print Name (or Authorized Agent)	Sign Name	_	Date