

UTILITY RELEASE OF INFORMATION

Date

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

Customer Name

Email Address

Phone Number

Home Cell Other:

Person or Company Receiving Information

Authorized Signature

Printed Name

For locations listed below:

Address

City

State

Zip

Account Number

Address

City

State

Zip

Account Number

Address

City

State

Zip

Account Number

Address

City

State

Zip

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

PLEASE RETURN THE COMPLETED AND SIGNED FORM TO:

E-Mail: customercare@rupu.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 (120) DAYS AFTER IT IS SIGNED