



CONSENT TO DISCLOSE UTILITY CUSTOMER INFORMATION

Requesting Entity Name – North West Rural Electric Cooperative

Mailing Address: 1505 Albany Place SE, PO Box 435, Orange City, IA 51041

Phone (712) 707-4935; Fax (712) 707-4934; Email: nwrec@nwrec.coop

Provide information to: _____

INFORMATION REQUESTED

The person or entity identified above requests customer information, including billing and usage data related to electricity. Such information may include your account balance, payment history and total use per billing period. The information provided by the utility may include any other information regarding your account contained in utility records.

CUSTOMER'S CONSENT

Your information is treated as private by the utility and can only be disclosed with your consent. You are not required to authorize the disclosure of your customer information, and your decision not to authorize the disclosure will not affect your utility service.

By signing this form you acknowledge and agree that you are the customer(s) of record for this account and that you authorize the utility to disclose your customer information to the requesting entity listed on this form. This consent is valid until you terminate your service, or withdraw consent by sending a written request with your name and service address to the utility at the address specified at the top of this form. You may terminate this consent at any time.

CUSTOMER ACCOUNT NUMBER: _____

SERVICE ADDRESS: _____

CUSTOMER PHONE NUMBER: _____

TIME PERIOD REQUESTED: _____

PRINTED CUSTOMER(S) NAME: _____

SIGNATURE OF CUSTOMER(S): _____

DATE SIGNED: _____