

Energy Bill Release Weatherization Assistance Program

Address: _____

I authorize the release of information pertaining to my energy bills, both past and future, to my local weatherization agency or its designee for the purpose of obtaining data for the evaluation of energy conservation effectiveness. I understand that this information will be used only to provide data for the Program and the information obtained through this release shall not be made public in such a manner that the dwelling or occupants may be identified.

Energy Provider Name #1: _____

Account Number: _____

Name on Account: _____

Energy Provider Name #2: _____

Account Number: _____

Name on Account: _____

Applicant Signature: _____
Sign Date

If the Account is not in the Applicant's name, the Account holder must sign below:

I certify that the energy bill at the above address is in my name but the Applicant listed above is responsible for payment of the entire bill. I understand that by signing this statement I am verifying the above named person's responsibility and acknowledge my acceptance of the agencies policies and procedures regarding the payment on this account.

Name Signature Date