## [Insert Utility Contact Information Here]

## **CONSENT TO DISCLOSE UTILITY CUSTOMER INFORMATION**

This form was prepared by the Public Service Commission of Wisconsin as required by Wis. Stat. § 196.137(4).

Requesting Entity Name (if applicable)

Contact Person				<del></del>
Mailing Address				
Phone_()	Fax_(	_)	Email	
INFORMATION REQUESTED The person or entity identificated to: □ electric; □ gas; includes your account balant provided by the utility may it records.	ed above requ □ water; or □ ce, payment h	all service	s provided by the utili I total use per billing p	ty. Such information eriod. The information
CUSTOMER'S CONSENT Your information is treated a Stat. § 196.137. You are not your decision not to authoris	required to a	uthorize t	he disclosure of your o	customer information, and
By signing this form you acknowledge account and that you author entity listed on this form. The by sending a written request specified at the top of this form.	rize the utility nis consent is v t with your na	to disclos valid until me and se	e your customer inforr you terminate your se rvice address to the u	mation to the requesting ervice, or withdraw consent tility at the address
Please complete this form a  • Email:			ty either by:	
• Fax:_()				
CUSTOMER ACCOUNT NUM	BER			
SERVICE ADDRESS				
PRINTED CUSTOMER(S) NAI	ME			
SIGNATURE OF CUSTOMER(	S)			
DATE SIGNED	CI	USTOMER	PHONE NUMBER_(	))
-			. Comment of the contract of t	

Please complete separate consent forms for each utility account.