

Customer Information Release Form

Please choose one or both: Payment history Historical energy usage

Authorization. PacifiCorp's customer of record described below hereby authorizes the third party described below to request and receive customer billing information and/or usage information. Customers may also authorize PacifiCorp to release the requested customer information to the third party.

PACIFICORP CUSTOMER OF RECORD

Name

Address

City, State, ZIP

Title of signatory

Signature **X**

Date signed

THIRD PARTY INFORMATION

Name

Address

City, State, ZIP

Telephone number

Fax number

CUSTOMER ACCOUNT NUMBER

SERVICE ACCOUNT NUMBER

Agreement 1

Agreement 2

Agreement 3*

SERVICE ADDRESS

Agreement 1

Agreement 2

Agreement 3*

I release, hold harmless, and indemnify PacifiCorp from any liability, claims, demand, cause of action, damages, or expenses resulting from authorized use of this information by my agent and consultant. I further certify that my agent and/or consultant has authority to act on my behalf and request the release of information for the accounts listed on this form. I understand that I may cancel this authorization at any time by submitting a request in writing. I authorize the above-named third party to act as a consultant and perform the following specific acts and functions: Request and receive billing records and history of my account(s), as specified above, basic existing meter information, and services furnished by PacifiCorp.

AUTHORIZATION

I authorize the release of my account information (signature required):

X

*For more than three agreements (meters), please provide information on an attached sheet. Return to PacifiCorp, ESS Relations Dept., 1900 SW Fourth Ave., Portland, OR 97201. Or fax to (503) 813-7333.
Payment Info Request Form