

Permission to Release Utility Bills

I, _____, of _____
PRINT NAME YOUR NEW ADDRESS, CITY, STATE, and ZIP

hereby give _____
PLEASE PROVIDE ELECTRIC UTILITY COMPANY NAME & ACCOUNT NUMBER

PLEASE PROVIDE THE LAST FOUR (4) DIGITS OF YOUR SOCIAL SECURITY NUMBER

permission to release utility billing history, including the account number,
for a period of 3 years from the date this form is signed.

Homeowner Signature

Date

Move-In Date

Please return this form to:
Krista Egger
Advanced Energy
909 Capability Dr., Suite 2100
Raleigh, NC 27606-3870

Permission to Release Utility Bills

I, _____, of _____
PRINT NAME YOUR NEW ADDRESS, CITY, STATE, and ZIP

hereby give _____
GAS UTILITY COMPANY NAME & ACCOUNT NUMBER

PLEASE PROVIDE THE LAST FOUR (4) DIGITS OF YOUR SOCIAL SECURITY NUMBER

permission to release utility billing history, including the account number,
for a period of 3 years from the date this form is signed.

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