



# Utility Consumption Information Release

Agency:  BVCAP  CAPLSC  CAPMN  CNCAP  NENCAP  NWCAP  SENCA

### COMMUNITY ACTION PARTNERSHIP CONTACT INFORMATION

Household Applicant: \_\_\_\_\_

Location Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

### UTILITY COMPANY INFORMATION

I certify that I am the owner/tenant of the property at:

NE

Location Address

and I hereby authorize the following utilities to release information regarding my fuel bills, both past and future, to:

Northeast Nebraska Community Action Partnership \_\_\_\_\_,  
Community Action Agency Name

the Nebraska Energy Office (NEO) and the U.S. Department of Energy (DOE).

Natural Gas Company/Supplier:	Account Number:
Electric Company/Supplier:	Account Number:
Propane/Fuel Oil Company/Supplier:	Account Number:

**Attach a copy of your latest fuel bill for each company/supplier listed above.**

### SIGNATURES

I understand that all information related to this application is confidential and will only be used to provide data for the above named agencies and no information obtained through this release will be made public in such a manner that the dwelling or occupants can be identified.

Household Applicant Name: \_\_\_\_\_

Utility Account Holder Name: \_\_\_\_\_

Household Applicant's Signature: ► \_\_\_\_\_ Date \_\_\_\_\_

Utility Account Holder's Signature: ► \_\_\_\_\_ Date \_\_\_\_\_

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