

Cooperative Light & Power
Electric Account Information Release Form

Updated: August 9, 2017

CLP is an equal opportunity provider and employer.

Office Use Only
Account No. _____
Location No. _____

By signing the Cooperative Light & Power Electric Account Information Release Form, I understand that I am allowing all parties listed below access to electric account information for the service address listed on this form. I further understand that the parties listed below have access to **information only**, and are not responsible for any debt owed to Cooperative Light & Power for the service address listed on this form, nor do they have the authority to request a change in the status of electric service.

Service Address Information:

Member Name: _____ Account Number: _____
Service Address: _____ City/State/Zip _____
Signature: _____ Date: _____

I hereby authorize the following parties access to all requested information necessary for a full evaluation of electric account information and/or payment information for the service address listed above.

Release Account Information to:

Name: _____ Phone: _____
Mailing Address: _____ City/State/Zip _____

Release Account Information to:

Name: _____ Phone: _____
Mailing Address: _____ City/State/Zip _____

Release Account Information to:

Name: _____ Phone: _____
Mailing Address: _____ City/State/Zip _____

Release Account Information to:

Name: _____ Phone: _____
Mailing Address: _____ City/State/Zip _____