

Utility Account Information Data Release Form

(Please return to requestor once complete)

REQUESTOR CONTACT INFORMATION

Contact Person:		Company:			
Phone:	Fax:	E-mail:			
Address:		Unit #	City	State	Zip

TENANT CONTACT INFORMATION

Contact Person:		Company:			
Phone:	Fax:	E-mail:			
Address / Physical Location of Utility Meter(s):		Unit #	Washington	DC	Zip
Billing Address:		Unit #	City	State	Zip

TIME PERIOD REQUESTED

From (MM/YYYY):	To (MM/YYYY):
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ELECTRICITY

Name as listed on bill:	Name of Supplier:
Account Number(s):	

NATURAL GAS

Name as listed on bill:	Name of Supplier:
Account Number(s):	

WATER

Name as listed on bill:	Name of Supplier:
Account Number(s):	

OTHER ENERGY UTILITY (E.G. OIL, STEAM, ETC)

Name as listed on bill:	Name of Supplier:
Type of Utility:	Account Number(s):

AUTHORIZATION TO REVIEW UTILITY ACCOUNT HISTORY

I hereby authorize the above named requestor and/or their designated representatives to obtain records on demand documenting monthly consumption of energy or water for the accounts listed above. I authorize release of records for the time period indicated above plus up to one year after today's date. Such data will be used only for purpose of complying with the District's energy benchmarking laws (D.C. Code § 6-1451.03; 20 DCMR 3513) and improving the energy efficiency of the building.

Signature:	Date:
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